

Documentation

- Nursing Triage Form
- Date: 8/13/11 Time 0245 Facility Gurney
- Name of offender Patient Wyane Kennedy James
- TDCJ # 17268496
- Name of Security Officer Calling Sgt Flower
- Patient's Age _____ Sex Male
- Presenting Problems/Symptoms 108? incoherent
Instructed to send pt to Beto
- Protocol used: (List protocol name, and page number):
1. Heat Related page 28111
- 2. _____
- 3. _____
- 4. _____
- 5. Other _____
- Problem: ☒ Emergent ☐ Urgent ☐ Non-Urgent
(Immediately) (2 hrs) (Pass Issued / Fill out Sick Call Request)
- Circle Correct Information
- Telephone Triage
- 1. Instructions given to security officer to call 911 and transport offender patient to nearest local community hospital ED.
- 2. Instructions given to security officer to transport the offender patient to the designated HUB for a full assessment and further care. (applicable only if the facility is within a designated HUB area)
- 3. Instructed the Security officer to issue a pass to the offender patient to come to medical the next day.
- 4. Other as ordered by a provider: Scholar NP
- Additional Comments Pt was sent to 911 from Gurney - Per Security
- Signature of nurse [Signature]
- Revision 07/18/10

J. Robison 07/18/10

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MC00045 /NDU2/HS04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION11:10:19
08/15/2011NAME: JAMES, KENNETH WAYNE
TDCJ#: 01726849 SID#: 03298658
UNIT: HOUSING:DOB: 11/25/1958
WGT: 254 LBS
HGT: 5'10"

P U L H E S

|3|1|1|1|1|1|

|E|A|A|A|A|A|

|P| | | | |

JOB:

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 ___ B. BARRIER-FREE FACILITY
 ___ C. SINGLE LEVEL FACILITY
 ___ D. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO

II. HOUSING ASSIGNMENT

- A. BASIC HOUSING (CHECK ONE)
 X 1. NO RESTRICTION
 ___ 2. SINGLE CELL ONLY
 ___ 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION
 ___ 4. CELL BLOCK ONLY
 C. ROW ASSIGNMENT (CHECK ONE)
 X 1. NO RESTRICTION
 ___ 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. LOWER ONLY

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION
 ___ 2. PHOP ORDERED
 ___ 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED
 ___ 2. PSYCHIATRICALY UNASSIGNED
 ___ 3. SEDENTARY WORK ONLY
 ___ 4. FOUR HOUR WORK RESTRICTION
 ___ 6. EXCUSE FROM SCHOOL
 ___ 7. LIMITED STANDING
 ___ 8. NO WALKING > ___ YARDS
 ___ 9. NO LIFTING > ___ LBS.
 ___ 10. NO BENDING AT WAIST
 00 11. NO REPETITIVE SQUATTING
 00 12. NO CLIMBING
 ___ 13. LIMITED SITTING
 00 14. NO REACHING OVER SHOULDER
 ___ 15. NO FOOD SERVICE
 ___ 16. NO REPETITIVE USE OF HANDS
 ___ 17. NO WALK WET/UNEVEN SURFACES
 ___ 18. DO NOT ASSIGN TO MEDICAL
 ___ 19. NO WORK IN DIRECT SUNLIGHT
 ___ 20. NO TEMPERATURE EXTREMES
 ___ 21. NO HUMIDITY EXTREMES
 ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
 ___ 24. NO WORK REQUIRING SAFETY BOOTS
 ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
 ___ 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 ___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 ___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION
 ___ B. MEDICAL REPRESENTATIVE REQUIRED
 ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION
 ___ B. EMS AMBULANCE
 ___ C. WHEELCHAIR VAN
 ___ D. MULTI-PATIENT VEHICLE (MPV)

SMITH/NEW PA

08/15/2011

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

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CLINIC NOTES

Name: James, Kenneth

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

TDCJ No: 126849

INSTITUTIONAL DIVISION

Unit: Joe F. Gurney

Date & Time	Notes
8/10/11	Texas Uniform Health Status Update from previous corrections facility reviewed.
1200	Current Medications / Formulary Substitutions Indicated Below Include:
	<input type="checkbox"/> Chart to Mental Health Services for Medication Rx
H/O following:	<input type="checkbox"/> Enteric Coated Aspirin 81mg 1 QD x 30 days x 11 RF KOP
<input type="checkbox"/> HTN	<input type="checkbox"/> Atenolol 50mg # _____ QD x 30 days x 11 RF
<input type="checkbox"/> NIDDM	<input checked="" type="checkbox"/> Enalapril 10 mg # 9 q 500 x 30 days x 11 RF
<input type="checkbox"/> IDDM	<input type="checkbox"/> Amlodipine _____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> CAD	<input type="checkbox"/> Lopressor _____ mg # _____ q _____ x 30 days x 11 RF
<input type="checkbox"/> Seizure	<input type="checkbox"/> Tenex _____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> HCV	<input checked="" type="checkbox"/> Hydrochlorothiazide 25 mg 1 QD x 30 days x 11 RF
	<input type="checkbox"/> Insulin 70/30 _____ units AM; _____ units PM x 30 days x 11 RF
	<input type="checkbox"/> Insulin Regular Sliding Scale per Policy x 30 days x 11 RF
<input type="checkbox"/> HIV	<input type="checkbox"/> Insulin NPH _____ units AM; _____ units PM x 30 days x 11 RF
<input type="checkbox"/> Asthma	<input type="checkbox"/> Glipizide _____ mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Metformin _____ mg Bid x 30 days x 11 RF
<input type="checkbox"/> GERD	<input type="checkbox"/> Dilantin 100mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Psych	<input type="checkbox"/> Tegretol 200mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Pos PPD	<input type="checkbox"/> Divalproex Sodium <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg # _____, q _____ x 30 days x 11 RF
	<input type="checkbox"/> Albuterol MDI 2 Puffs Bid PRN x 90 days x 3 RF KOP
	<input type="checkbox"/> Ibuprofen _____ mg 1 Bid PRN x 30 days KOP SFQ
	<input type="checkbox"/> Zantac 150mg # _____ Bid x 30 days x 11 RF KOP
	<input type="checkbox"/> INH 300mg & B6 50mg; 1 each QD x 30 days x 8 RF – Notify CID of Patient's TB Status
	<input type="checkbox"/> Pravastatin 20mg 1 QD x 30 days x 11 RF
	<input type="checkbox"/> Diet for Health w/ PM Snack x 180 days x 1 RF – Issue Identifying Wrist Band
	<input type="checkbox"/> Please inform Patient if medication change to appropriate formulary agents per policy
	<u>Acetaminophen 600mg P.O. Q 4x 30 days</u>
	<u>Indoral 10mg P.O. BID x 30 days</u>

nSM-1 (Rev. 5/92) Rev 10/03/2005

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Page 1 of 2

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: James Kenneth W. DOB: 11/25/58 AGE: 52
 Last First MI
 STATE ID# 3298658 RACE: B SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 118420 WT: 225 HT: 5'11

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☒ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☒ 11. Mental Retardation
☒ 12. Mental Illness (Specify diagnosis) Depression
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/N Y

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other:

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis:

C. Pending Specialty Clinic Appointment

None ☒ Type

D. ALLERGIES

NKA

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

- ☒ 1. Tuberculosis Status
 Skin Test: Date Given: 1/1/11 Date Read: 1/1/11 Results mm*
 X-Ray: Date: 5/31/11 Normal ☒ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐
☐ 2. Hepatitis: A ☐ B ☐ C ☐ Other:
☐ 3. HIV Antibody: Test Date: 1/1/11 Results: Neg ☐ Pos ☐ CD4: Date 1/1/11
☐ 4. Syphilis: Date: 1/1/11 Type: Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: Titanium Rod in back 7 bone spurs

IV. CURRENT PRESCRIBED MEDICATIONS None

Medication	Dosage	Frequency
HCTZ	25mg	QAM
Cyclobenzaprine	10mg	BID
Lisinopril	10mg	BID
Neurontin	600mg	BID
Naproxen	500mg	BID
Ultram	50mg	BID

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Nail, L. L. DATE: 8/10/11
 Signature Title
 PHONE NUMBER: 254-757-2555 FACILITY: Holmes County Jail

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Page 2 of 2

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: James Kenneth W DOB: 11/26/58 AGE: 52
 Last First MI
 STATE ID# 3298158 RACE: B SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 118420 WT: 275 HT: 5'11

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☒ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☒ 12. Mental Illness (Specify diagnosis) Depression
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/D

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other:

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis:

C. Pending Specialty Clinic Appointment

None ☒ Type

D. ALLERGIES

NKA

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

1. Tuberculosis Status

Skin Test: Date Given: / / Date Read: / / Results mm*X-Ray: Date: 5/31/11 Normal ☒ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐2. Hepatitis: A ☐ B ☐ C ☐ Other:3. HIV Antibody: Test Date: / / Results: Neg ☐ Pos ☐ CD4: Date / /4. Syphilis: Date: / / Type: Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: Titanium rod in back & bone spurs

IV. CURRENT PRESCRIBED MEDICATIONS None

Medication	Dosage	Frequency
<u>Inderal</u>	<u>10 mg</u>	<u>BID</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Mollie L. L. L. DATE: 8 / 10 / 11PHONE NUMBER: 254-757-2255 FACILITY: Holbrook County Jail

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

I. IDENTIFICATION

Name: JAMES, KENNETH DOB: 11/25/58 Previous TDCJ #'s: 1611682
 County: MCLENNAN Education: College Occupation: Disability

II. FAMILY HISTORY

1. Blood disease (sickle cell anemia, hemophilia)	YES	NO	18. INH Prophylaxis	YES	NO
2. Cancer	YES	NO	19. Intravenous Drug Abuse	YES	NO
3. Diabetes	YES	NO	20. Kidney Disease	YES	NO
4. Heart Disease	YES	NO	21. Liver Disease	YES	NO
5. High Blood Pressure <u>mother</u>	<u>YES</u>	NO	22. Mental Illness	YES	NO
6. Tuberculosis	YES	NO	23. Non Intravenous Drug Abuse/Alcoholism	YES	NO
III. PERSONAL HISTORY			24. Peptic Ulcers	YES	NO
1. Asthma/Emphysema	YES	NO	25. Rheumatic Fever	YES	NO
2. Back Injury <u>2002 + 2004</u>	<u>YES</u>	NO	26. Rheumatism/Arthritis	YES	NO
3. Blood Disease (sickle cell anemia, hemophilia)	YES	NO	27. Seasonal Allergies	YES	NO
4. Cancer	YES	NO	28. Sexually Transmitted Diseases	YES	NO
5. Cavities	YES	NO	29. Smoker	YES	NO
6. Depression/Suicide Attempt	YES	NO	30. Tetanus Immunization Date	YES	NO
7. Diabetes	YES	NO	31. Tuberculosis	YES	NO
8. Drug/ Food Allergies	YES	NO	32. Unprotected Sex w/Multiple Partners	YES	NO
9. Epilepsy/Seizures	YES	NO	33. Other:		
10. Glasses/Hearing Aid	YES	NO	IV. OBSTETRIC/GYNECOLOGICAL HX		
11. Gum disease	YES	NO	1. Date of last menstrual period		
12. Head Injury	YES	NO	2. Number of pregnancies/live births		
13. Heart Disease/Angina	YES	NO	3. History of Problem pregnancy		
14. Hepatitis	YES	NO	4. Date of last pap smear		
15. High Blood Pressure	<u>YES</u>	NO	5. Date of last mammogram		
16. HIV + / AIDS	YES	NO	6. History of birth control methods (IUD, pills, etc.)		
Prior HIV Test Date:					
17. Homosexual/Bisexual Activities	YES	NO			

A. If YES to any of the above indicate family member or self, give date and treatment received:

B. History of hospitalization? YES NO Please list the DATE, HOSPITAL, CONDITION:C. Do you have any current medical, mental health or dental complaints? YES NO If yes, what? Pain - lowerback, Bleg

D. Have you experienced any of those symptoms: cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?

YES NO If YES, when?E. What illegal drugs have you used? Marijuana, Cocaine

What was the mode(s) of use? (Please circle)

What amount and how often did you use drugs and alcohol?

When was the last time you used drugs or alcohol?

Have you ever had withdrawal or seizures when you stopped using drugs or alcohol?

F. Are you presently taking or supposed to be taking any prescribed medications? YES NO If yes, what?

Reason for taking medications

G. Observations: Tremor YES NO Sweating YES NO Other:Condition of skin: Cuts YES NO Bruises YES NOSores YES NO Other:Body & Movement: Deformities YES NO Impaired Motor Activity

H. BEHAVIOR AND MENTAL STATUS

Hygiene & Appearance: ☒ Clean, Neat ☐ Dirty, Sloppy ☐ OtherOrientation (ask questions & document response): What is today's date? 8-10-11 What time is it? pmSpeech ☒ Normal ☐ Loud ☐ Soft ☐ Mumbling ☐ OtherAttitude ☒ Appropriate ☐ Laughing ☐ Crying ☐ Cursing ☐ Quiet ☐ Other

I. THOUGHT CONTENT (Please circle YES or NO)

Are you having current thoughts about suicide or self-injury? YES NODo you see or hear things that others do not hear or see? YES NODo you have any special powers/abilities? YES NODo you receive personal messages from the TV or radio? YES NODo you have any phobias or excessive fears? YES NO

J. DISPOSITION

Routine Referral to: ☒ Medical ☒ Mental Health ☒ Dental ☐ CIDImmediate referral to: ☐ Medical ☐ Mental Health ☐ Dental ☐ CIDRelease to general population ☒ Yes ☐ No Other:Offender Signature: Kenneth JamesDate: 08/10/11Reviewer Signature: B. Moore, CCADate: 08/10/11

HSM-13 (6-00)

**Correctional Managed Care
REPORT OF PHYSICAL EXAM**

Patient Name: JAMES, KENNETH W TDCJ#: 1726849 Date: 08/12/2011 11:45 Facility: GURNEY (ND)

Age: 52 year DOB: 11/25/1958 Race: B Sex: male

Most recent vitals from 8/12/2011: BP: 170 / 107 (Sitting) ; Wt: 254 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) , Resp: 18 / min; Temp: 96.7 (Oral)

Allergies: N/A

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications: no

Chief Complaint and Notes: Chronic LBP

Significant Past Medical History: HTN, Lum Lam x 2, bilat Inguinal Hernia repair.

REMARKS (Vision & Hearing)																											
CLINICAL EVALUATION	NL	AbNL	COMMENTS																								
Head And Neck	x																										
Eyes	x																										
Ent	x																										
Dental																											
Chest, Breast	x																										
Cardiovascular	x																										
Hemopoietic/ Lymphatic	x																										
Abdomen	x																										
Gastrointestinal	x																										
Endocrine/ Metabolic	x																										
Nutritional	x																										
Upper Extremities	x																										
Spine	x		Full ROM																								
Lower Extremities	x																										
Skin	x																										
Rectal	>50		PSA ordered.																								
FOBT Fecal Occult Blood Test			Cards given																								
GU Genitourinary	x																										
Neuro	x																										
Op-Gyn (Pelvic)	N/A																										
REMARKS: Reinforced Tylenol at the pill window Reinforced back rehab exercises with return demo. Bp improved after Clonidine 0.2mg. 129/74		Designators Codes Modifiers	<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td>3</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>E</td> <td>A</td> <td>A</td> <td>A</td> <td>A</td> <td></td> </tr> <tr> <td>P</td> <td>P</td> <td>P</td> <td>P</td> <td>P</td> <td></td> </tr> </table>	P	U	L	H	E	S	3	1	1	1	1		E	A	A	A	A		P	P	P	P	P	
P	U	L	H	E	S																						
3	1	1	1	1																							
E	A	A	A	A																							
P	P	P	P	P																							

FORM 4 (Rev 5/05) - chaperone

If any component of the physical exam is refused, a refusal form must be completed

Refusal Signed: Yes ☐ No ☐

UTMB CARS 1

Diagnoses HTN

1 of 2

Correctional Managed Care
REPORT OF PHYSICAL EXAM

Patient Name: JAMES, KENNETH W **TDCJ#:** 1726849 **Date:** 08/12/2011 11:45 **Facility:** GURNEY (ND)

Restrictions: III-11,12,14.

Orders.

CCC HTN in 30 days

Bp x 7 days.

Procedures Ordered:

CHEST X RAY 2 VIEW: hypertension (htn) - ccc

Procedures Ordered:

INTERMED OFFICE VISIT (NO COPAY): hypertension (htn) - ccc, physical examination, age

*PSA, SERUM: age

EKG/ECG REQUEST/ORDER (CNDBBPBFSZPSYLEV2): hypertension (htn) - ccc

*CBC W/DIFF {BABYDMCD PSYLBPSZDBHVCNESLDAHEPHP}: hypertension (htn) - ccc

*COMPREHENSIVE METABOLIC PANEL (CMP) {PSYLABPHEPSZDBHVCNBFAHEPESLDHPESLD}: hypertension (htn) - ccc

*THYROID STIMULATING HORMONE [TSH] {CNBFPSYLDMCDTPBPDBLEV2}: hypertension (htn) - ccc

*URINALYSIS, W/DIPSTICK MICROSCOPIC EXAM ON POSITIVES [UA] {HVCNDBBPBFSYLESLD}: hypertension (htn) - ccc

LIPID PANEL {CNDBBFHVPSYLDMCDNBP}: hypertension (htn) - ccc

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: JAMES, KENNETH W TDCJ#: 1726849 Date: 08/12/2011 12:28 Facility: GURNEY (ND)

Age: 52 year Race: B Sex: male

Most recent vitals from 8/12/2011: BP: 170 / 107 (Sitting) ; Wt: 254 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) ; Resp: 18 / min; Temp: 96.7 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

Today's Problem: RECEIVED VERBAL ORDER PER S. SMITH PA:

CLONIDINE 0.2MG NOW. CLONIDINE 0.2MG GIVEN AT 1155.

PATIENT IN CLINIC FOR INTAKE PHYSICAL . PATIENT HAS NOT BEEN TO PILL WINDOW TO PICK UP MEDICATION SINCE ARRIVAL TO UNIT ON 8-10-2011. BLOOD PRESSURE 170/100 PULSE 108

RECHECKED BLOOD PRESSURE:1230 BLOOD PRESSURE 129/74 PULSE 100

PATIENT BACK TO PROVIDER TO CONTINUE INTAKE PHYSICAL.

Reviewed and signed: REBECCA L. GRIFFIN, RN
Reviewed and signed: JAMES, KENNETH W TDCJ#: 1726849

STEPHEN E. SMITH, PA

PATIENT: JAMES, KENNETH W
TENNESSEE COLONY, TX 75861
NPN: 1726849
User: RINEHART, DEBBIE L.V.N.

INDERAL LONG TABS
Sig: 1 x TABS ORAL TWICE DAILY
Order Date: 08/12/2011 12:42
Start Date: 08/12/2011 12:42
Auto Stop Date: 09/11/2011 12:42

Disp. #: 60 TABS
Refills: None

Allow Generic - No product selection indicated
Ex Written In: 08/12/2011

This document has been sent for signature, but has not yet been reviewed

STEPHEN R. SMITH, PA

PATIENT: JAMES, KENNETH A
TENNESSEE COLONY, TX 75861
NPN: 1726849
User: RINEHART, DEBBIE L.V.N.

VASOTEC 10MG TABS
Fill: 1 x TABS ORAL TWICE DAILY
Order Date: 08/12/2011 12:38
Start Date: 08/12/2011 12:38
Auto Stop Date: 09/11/2011 12:38

Disp. #: 60 TABS
Refills: 11 Reford: 09/11/2011 12:38

Allow Generic - No product selection indicated
Rx Written On: 08/12/2011

This document has been sent for signature, but has not yet been reviewed

EMS Documentation

- Patient Care Record

EMS

Page 1 of 4



Palestine Regional Medical Cnt Patient Care Record

Name: JAMES, KENNETH		Incident #: 11225-06		Date: 08/13/2011		Patient 1 of 1													
Patient Information																			
First Name	KENNETH	Middle Name		Last Name	JAMES														
DOB	11/25/1958	Age	52 Years 8 Months 19 Days	Gender	Male														
Country	UNITED STATES	Address	2664 FM 2054	Zip Code	75861														
City	Tennessee Colony	State	Texas	Telephone	(903) 928-2217														
SSN	001-72-6849	DL State		Weight	127 kgs 280 lbs														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Clinical Impression</td> <td colspan="2" style="text-align: center;">Med HX / Allergies / Meds</td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> Primary Impression Altered Level of Consciousness Secondary Impression Cardiac Arrest Supporting Signs & Symptoms Cardiac - Cardiac Arrest Injury Details </td> <td style="width: 50%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Past History</td> <td style="text-align: center;">Allergy</td> <td style="text-align: center;">Present Medication</td> </tr> <tr> <td>Denies</td> <td>NKDA</td> <td>Unknown</td> </tr> </table> </td> </tr> </table>								Clinical Impression		Med HX / Allergies / Meds		Primary Impression Altered Level of Consciousness Secondary Impression Cardiac Arrest Supporting Signs & Symptoms Cardiac - Cardiac Arrest Injury Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Past History</td> <td style="text-align: center;">Allergy</td> <td style="text-align: center;">Present Medication</td> </tr> <tr> <td>Denies</td> <td>NKDA</td> <td>Unknown</td> </tr> </table>	Past History	Allergy	Present Medication	Denies	NKDA	Unknown
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Past History	Allergy	Present Medication																	
Denies	NKDA	Unknown																	
Vital Signs																			
Time	AVPU	BP	Pulse	RR	SPO2	ETCO2	BG	Temp	GCS	RTS	Pain								
0335	U	80 / 50 A	145 R	35 I	67 RA			105.0	3-1,1,1										
0340	U	/ M	0 A	15 R	69 O2	24			8-1,1,6										
0345	U	0 / M	0 A	15 V	20 O2	12			3-1,1,1										
0350	U	0 / M	0 A	15 V	15 O2	10			3-1,1,1										
3-Lead ECG / 12 Lead Interpretation																			
Time	ECG																		
0335	Sinus Tachycardia																		
0340	Asystole																		
0345	Asystole																		
0350	Asystole																		
Flow Chart																			
Time	Treatment	Provider																	
0338	Airway: Orotracheal Intubation Size: 8ETT Placed At: 23cm Successful	Neel Mark																	
0340	EZ-IO(Adult) Site: Right-Tibia Total Fluid Infused: 400ml Successful	Neel Mark																	
0342	Atropine Dose:1 mg Response: Unchanged	Neel Mark																	
0342	Epinephrine 1:10 Dose:1 mg Response: Unchanged	Neel Mark																	
0347	Atropine Dose:1 mg Response: Unchanged	Neel Mark																	
0347	Epinephrine 1:10 Dose:1 mg Response: Unchanged	Neel Mark																	
0352	Atropine Dose:1 mg Response: Unchanged	Neel Mark																	
0352	Epinephrine 1:10 Dose:1 mg Response: Unchanged	Neel Mark																	
Endotracheal Tube Verification																			
YES/NO																			
Auscultation of Lung S																			
No Epigastric Sounds																			
Positive Chest Rise																			
Misting in Tube																			
Cords Visualized																			
ETCO2																			

<https://esorpt1.esosolutions.net/EMSReports/rdPage.aspx?QUID=09f97091-3cbd-4634-ba...> 8/17/2011

EMS

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First Responder Treatment Prior to Arrival		
Aid Prior To Arrival By	Aid Prior To Arrival Type	Comments

<https://esorpt1.esosolutions.net/EMSReports/rdPage.aspx?QUID=09f97091-3cbd-4634-ba...> 8/17/2011

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Assessment	
Category	Abnormalities
Skin	Skin: Hot
Heent	Eyes-Left : Dilated, Pupil Size 6-mm Eyes-Right: Dilated, Pupil Size 6-mm
Chest	Lung Sounds: Wheezing LU, Wheezing LL, Wheezing RU, Wheezing RL
Back	No Abnormalities
Abdomen	No Abnormalities
Pelvis/GU	No Abnormalities
Extremities	No Abnormalities
Mental Status	Mental Status: Unresponsive
Neurologic	Neurological: Other
UNRESPONSIVE	
Narrative	
<p>DISPATCHED TO A ELEVATED TEMP AND UNRESPONSIVE. FOUND A OBESE 280 POUND UNRESPONSIVE MALE IN THE INFIRMARY AT LOCAL PRISON. INITIAL CONTACT WITH PATIENT HAS HIM UNRESPONSIVE BREATHING ABOUT 40 TIMES WITH AUDIBLE WHEEZES FROM ASPIRATION. ACCORDING TO GUARDS 45 MINUTES PRIOR TO FINDING HIM UNRESPONSIVE HE WAS ACTING DELIRIOUS AND URINATING ON THE WALLS. AT NEXT CONTACT PT WAS FOUND UNRESPONSIVE IN CELL AND BROUGHT TO THE INFIRMARY. AT EMS CONTACT PT AGAIN UNRESPONSIVE, AUDIBLE WHEEZES. HOT TO TOUCH 105 BY PRISON TEMP. MOVE TO COT QUICK VITALS 85/42, RATE 145 NO SATS. INITIAL INTUBATE WITH BUGI AND 8.0 TUBE WITH 3 MAC BLADE GOOD VISUAL AND PLACEMENT, CO2 AND GOOD WAVE FORM INITIAL SAT 67% AND 27 CO2. EZ-IO RIGHT TIBA GOOD FLOW. PT MOVED IN ASYSTOLE QUICKLY AFTER PLACEMENT IN TRUCK. CONTINUE TO BAG WITH O2 BY BVM AND START CPR. ATROPINE AND EPI GIVEN WITH NO CHANGES IN THE AYSTOLE. CONTINUE CPR AND BVM WITH O2 NO FURTHER CHANGES RELEASE TO ER.. ADULT I.O. PLACE</p>	
Specialty Patients	

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EMS

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Incident Details		Destination Details		Incident Times	
Location	TDCJ MICHAEL UNIT	Disposition	Transport Lights/Sirens	Call Received	02:58:00
Address	2664 FM 2054	Transport Due To	Patient	Dispatched	02:58:00
City	Tennessee Colony	Treatment Level	Advanced Life Support	En Route	02:58:00
State	Texas	Physician/RN	KNOWLES	On Scene	03:30:00
County	Anderson	Receiving Report		At Patient	03:32:00
Zip	75861	Destination	Palestine Regional Medical Center	Depart Scene	03:41:00
Medic Unit	Medic 40	Address	2900 South Loop 256	At Destination	03:56:00
Run Type	911 call	City	Palestine	Incident Close	04:06:00
Priority	Lights/Sirens	State	Texas		
Scene		Zip	75801		
Requested By	Other				

Crew Members			
Personnel	Employee Number	Position	Certification
Neel Mark	113	Lead Medic	Paramedic
Johnson Bryan		Driver	EMT

Insurance Details			
Insured's Name	KENNETH JAMES	Medicare	<input type="checkbox"/>
Relationship To Insured		Medicaid	
Address	2664 FM 2054	Contact	
City	Tennessee Colony	Primary Insurance	UTMB MANAGED CARE
State	Texas	Policy#	1726849
Zip	75861	Group#	PO696997084
		Secondary Insurance	
		Policy#	
		Group#	
		Next of Kin Name	
		Relationship to Patient	
		Address	
		City	
		State	
		Zip	
		Phone	

Documentation from Palestine Regional Medical Center

- Reports and documentation from medical staff

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PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

JAMES, KENNETH WAYNE		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00103392104			11	L	ER	REG ER	08/13/11	0412	L000194299
PATIENT INFORMATION					PATIENT TYPE EMPLOYER				
Soc Sec No	DOB	Age	Sex	MS	Race	Religion			
999-99-9999	11/25/58	52	M	U	BL	DECLINED TO ANSWER			
Address: PO BOX 6400 TENNESSEE COLONY, TX 75861					UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:				
Home Ph:	903-928-3118	County: ANDERSON COUNTY							
Language:	ENGLISH	Country: USA							
GUARANTOR INFORMATION					GUARANTOR TYPE EMPLOYER				
UTMB	UTMB	SS#: 999-99-9999							
Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555					UTMB 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Work Phone: 800-605-8165 Occupation:				
Home Ph:	800-605-8165	County:							
Relationship to Patient: OTHER					OTHER GUARANTOR EMPLOYER				
OTHER GUARANTOR					OTHER GUARANTOR EMPLOYER				
SS#:									
Address									
Home Ph:					Work Phone:				
Relationship to Patient:					Occupation:				
PERSON INFORMATION					RELATIONSHIP				
WARDEN, GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Relationship to Patient: SP					Work Phone: Home Phone: Relationship to Patient:				
INSURANCE #1					AUTHORIZATION				
UTMB MANAGED CARE 301 UNIVERSITY BLVD GALVESTON TX 77555-1008 Phone: 409-747-2653					Policy # 1726849 Coverage # 0 Subscriber JAMES, KENNETH WAYNE Rel to Pt SELF/SAME AS PA DOB 11/25/1958 Group P0696997084 - UTMB Treat/Precert - 778732 Ins Verif Pro Review Not Required				
INSURANCE #2					AUTHORIZATION				
Policy # Coverage # Subscriber Rel to Pt Group					Treat/Precert Ins Verif Pro Review				
DOB									
Phone									
INSURANCE #3					AUTHORIZATION				
Policy # Coverage # Subscriber Rel to Pt Group					Treat/Precert Ins Verif Pro Review				
DOB									
Phone									
Attending Physician					Emergency Room Physician				
HCIS					HCIS				
Family Physician					Other Physician				
HCIS					HCIS				
NO LOCAL PHYSICIAN									
Admit Source					Reason for Visit				
EMERGENCY ROOM					CARDIAC ARREST				
Admitted By					OPERATION / PROCEEDURE				
PRADMAC									
DAGBOSIS									

Printed By: PRADMAC 08/13/11 0423

Unit Number L000194299

Account Number L00103392104



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RUN DATE: 08/13/11
 RUN TIME: 0423
 RUN USER: PRADMAMC

Palestine Reg Med Ctr ADM *LIVE*
 IMPORTANT INFORMATION ABOUT SMOKING

PAGE 1

NAME: JAMES, KENNETH WAYNE

UNIT#: 1000194299

ACCT#: 100103392104

Smoking cigarettes tops the list of major risk factors of the nation's number one killer — heart and blood vessel disease. Almost one-fifth of deaths from heart disease are caused by smoking. There are many diseases and deaths attributed to smoking. Smoking also harms thousands of nonsmokers who are exposed to cigarette smoke, including infants and children.

No matter how much, or how long you've smoked, when you quit smoking, your risk of heart disease and stroke lessens. In time, your risk can be about the same as if you'd never smoked!

American Heart Association Advice on How to Quit

Step One

- List your reasons to quit and read them several times a day.
- Wrap your cigarette pack with paper and rubber bands. Each time you smoke, write down the time of day, how you feel, and how important that cigarette is to you on a scale of 1 to 5.
- Rewrap the pack.

Step Two

- Keep reading you list of reasons and add to it if you can.
- Don't carry matches, and keep your cigarettes out of easy reach.
- Each day, try to smoke fewer cigarettes.

Step Three

- Continue with Step Two. Set a target date to quit.
- Don't buy a new pack until you finish the one you're smoking.
- Change brands twice during the week, each time for a brand lower in tar and nicotine.
- Try to stop for 48 hours at one time.

Step Four

- Quit smoking completely. Throw out all cigarettes and matches. Hide lighters and astrays.
- Stay busy! Go to the movies, exercise, take long walks, go bike riding.
- Avoid situations and 'triggers' you relate with smoking.
- Find healthy substitutes for smoking. Carry sugarless gum or artificially sweetened mints. Munch carrots or celery sticks. Try doing crafts or other things with your hands.
- Do deep breathing exercises when you get the urge.

What if I smoke after I quit?

It's hard to stay a nonsmoker once you've had a cigarette, so do everything you can to avoid that 'one'. The urge to smoke will pass. The first 2 to 5 minutes will be the toughest.

If you do smoke after quitting:

- This doesn't mean you're a smoker again— do something now to get back on track.
- Don't punish or blame yourself—tell yourself you're still a nonsmoker.
- Think about why you smoked and decide what to do the next time it comes up.

What happens after I quit?

Your senses of smell and taste come back. The annoying 'smoker's cough' goes away. You breathe much easier. It's easier to climb stairs. You're free from the mess, smell and burns in clothing. You feel free of 'needing' cigarettes. You'll have less chance of heart disease, stroke, lung disease, and cancer.

Do you have questions or comments for your doctor or nurse?

Take a few minutes to write you own questions for the next time you see your healthcare provider.

How can I learn more?

Talk to your doctor, nurse or other healthcare professionals. If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.

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JAMES, KENNETH WAYNE

PRE ER Admit: 08/13/11
 11/25/58 M/52 L.ER
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104



8. **PATIENT DIRECTORY PREFERENCE:** I have been informed that unless I object, my name, location within the facility and general condition will be included in the patient directory.
- ☐ I object to having my name, location and general condition listed in the patient directory.
9. **ELECTION TO REQUEST INTERPRETIVE SERVICES:** In accordance with Sect. 60, of Title VI, the Hospital is committed to ensuring that all patients receive equal access to medical care. To achieve this goal, interpretive services may be utilized or requested at no cost to you.
10. **PATIENT RIGHTS:** I have received a copy of the Patient Rights. I understand these rights and if I have further questions, I will ask the nursing staff.
11. **SMOKE FREE FACILITY POLICY:** The Hospital is a smoke free facility. I understand that while I am a patient at the Hospital I may not use tobacco products.
12. **CONSENT TO PHOTOGRAPH:** Photography still and/or video may be deemed medically necessary by your physician before, during, or after a procedure. This is to provide documentation and will be kept as a part of your medical record.
- ☐ I refuse to be photographed and/or videoed
13. **ADVANCE DIRECTIVE ACKNOWLEDGMENT:** I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the terms of my Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law.
- ☐ I have executed an Advance Directive, if applicable
- ☐ I have not executed an Advance Directive
- ☐ I would like to formulate an Advance Directive / Receive additional information

I have read and fully understand this Patient Consent and Financial Agreement and been given the opportunity to ask questions. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction.

Vincent McGuffin
 Signature of Patient or Legal Representative for Health Care Hospital Services if Other Than Patient

8/13/11 0415
 Date and Time

Relationship to Patient

Reason Individual is Unable to Sign, i.e., Minor or Legally Incompetent

Signature of Witness

Date and Time

8/13/11
 Date and Time

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INITIAL ASSESSMENT FORM**Palestine Regional Medical Center**PRIORITY: **1**Patient: **JAMES, KENNETH W**

Pt#: L00103392104

ESI - 1

DOB: 11/25/1958

AGE: 52YRS Sex: M

MR#: L000194299

EDP: KNOWLES, HEIDI

DATE: 08/13/2011

PCP: NO LOCAL DOCTOR

Worker's Comp:
Emp. Referred:

Presentation Time: 03:52

Triage Time: 03:52

Arrival Mode: EMS-PRMC

Height: 6' 0" Weight: 240 lbs. 0 oz. 109.09 kgs. LMP: NA

Last Tetanus: unknown

Acc By: 3 TDCJ OFFICER

Chief Complaint: **CARDIAC ARREST****Vital Signs**

Brief Assessment: PT. BROUGHT FROM TDCJ GURNEY UNIT D/T CARDIAC ARREST

T: T
P: Regular
R: Unlabored
BP: 000/000
O2: % RA
Pain Intensity Scale: / 10
Pain Location:NIGHT SWEATS UNK
WEIGHT LOSS UNK
ANOREXIA UNKHEMOPTYSIS UNK
FEVER UNKMAMMOGRAM HISTORY UNK
SMOKER UNK
CPR IN PROGRESS YES
DOWN > 10 MINUTES UNK**Sudden Onset:**

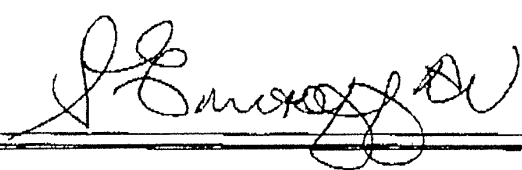
Pre-Hospital Treatment: SEE PRMC EMS RUN SHEET

Pediatric Assessment: N/A

Past Medical History: UNKNOWN

Allergies: UNKNOWN-

Medicines: UNKNOWN,

Nurse Signature: 

SXE

Additional Notes:

Rev 07/30/09

EMERGENCY DEPARTMENT
FALL / ENTRAPMENT RISK ASSESSMENT

Palestine Regional Medical Center

Date In: 8/13/2011

Name: JAMES, KENNETH W

PI#: L00103382104

Age: 52YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

EDMD: KNOWLES, HEIDI

PMD: NO LOCAL DOCTOR

FALL / ENTRAPMENT RISK

Score less than 10 = low risk

Score greater than 10 - high risk for fall (follow hospital protocol)

	Score	0	1	2	3	4	5	Other
Age	0	Less than 60	80 or over	60 - 69	70 - 79			
Mental Status	0	Oriented or Comatose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion		
Elimination	0	Continent Independent	Continent		Requires assistance		Incontinent	
Impairments	0	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf		
BP	0	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes				
Gait / Mobility	0		(1 pt each item) Uses cane/walker Holds furniture Balance problems					History of recent falls (2 or more in past 6 months) = 7 points
Current Medications	0		(1 pt each med) sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics					
Predisposition Conditions	0		(1 pt each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-op 1st 3 days					
Total	0							

Circle each item that applies. Document points in score column. Total at bottom of page.

Pre-MED Form

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McCollum/ James2- 167

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**EMERGENCY DEPARTMENT
CHEST PAIN NURSING ASSESSMENT**

Palestine Regional Medical Center

Name: JAMES, KENNETH W

Pl#: L00103392104

Age: 52YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Date In: 8/13/2011

Time: 0852

Subjective Notes:

Chest Blue, Temp 108 @ Unit

Pain / Patient complains of:

Location: unstable Quality: ☐ Sharp ☐ Dull ☐ Cramping ☐ Burning ☐ Aching Severity Scale: _____ Onset: _____
 Provocation: _____ ☐ Other: _____ Aggravating Factors: _____
 Radiating: ☐ No ☐ Yes (see below) ☐ Constant ☐ Intermittent Relieving Factors: _____

Psychosocial:

Appearance: ☐ Clean ☐ Unkempt ☐ Other _____ Environment: ☒ No steps ☐ Few steps ☐ Many steps
 Mood / Affect / Behavior: ☐ Appropriate ☐ Depressed ☐ Anxious Nutritional status: ☒ Normal ☐ Cachectic ☐ Obese
☐ Tearful ☐ Other _____ Religious / Cultural preference: ☒ None (specify) _____
 Caregiver: ☐ Self ☐ Family member ☐ Significant Other ☐ Group home Best learn by: ☒ Verbal ☐ Written ☐ Return demo
 Activity level: ☐ Ambulates independently ☐ Requires assistance ☐ Non-ambulatory Learning barriers: ☐ TDD phone ☐ Interpreter ☒ No ☐ Yes
☐ Performs ADL's independently ☐ Requires assistance with ADL's ☐ Other: _____

Symptoms prior to arrival: ☐ Asymptomatic

Mode of Onset: ☒ Sudden ☐ Gradual ☐ Intermittent Onset Date: 8-13-11 Time: unstable Duration: _____
 Onset > 24 hrs. medical attention was sought? ☐ No ☐ Yes Date: _____

Status at onset	Radiation	Quality	Relief Measures
<input checked="" type="checkbox"/> Rest	<input type="checkbox"/> Substernal <input type="checkbox"/> Back	<input type="checkbox"/> Pressure / Heavy	Rest Yes No
<input type="checkbox"/> Exertion	<input type="checkbox"/> Epigastric <input type="checkbox"/> LUE	<input type="checkbox"/> Burning	Food <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Awakened from sleep	<input type="checkbox"/> Left Chest <input type="checkbox"/> RUE	<input type="checkbox"/> Sharp / Stabbing	NTG SL <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/> Right Chest <input type="checkbox"/> Shoulder	<input type="checkbox"/> Constant	
<input type="checkbox"/> _____	<input type="checkbox"/> Neck / Jaw <input type="checkbox"/> _____	<input type="checkbox"/> Intermittent	
		<input type="checkbox"/> Indigestion	
		<input type="checkbox"/> Indescribable	
		<input type="checkbox"/> Ache	
		<input type="checkbox"/> Crushing	

Associated signs and symptoms

☐ Dyspnea ☐ Nausea ☐ Syncope ☐ Palpitations ☐ _____
☐ Diaphoresis ☐ Vomiting ☐ Near Syncope ☐ Extremes fatigue ☐ _____

Chest discomfort with

☐ Deep breathing ☐ Changes in position ☐ _____
☐ Palpation ☐ Exercise / Activity ☐ _____

Past Medical History / Present Illness**PMH from triage**

UNKNOWN

<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pacemaker	Procedures:	Date
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Angina	<input type="checkbox"/> Family History	<input type="checkbox"/> Heart cath	
<input type="checkbox"/> Previous Cardiac Arrest	<input type="checkbox"/> HTN	<input type="checkbox"/> Smoker: _____ PPD _____ Yrs	<input type="checkbox"/> Stress Test	
<input type="checkbox"/> MI Date: _____	<input type="checkbox"/> COPD	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Angioplasty	
			<input type="checkbox"/> CABG	
			<input type="checkbox"/> Other	

Physical Assessment (Objective)

Heart Sound ☐ WNL ☐ Click / Rub ☐ Murmur ☐ Rub ☐ Muffled ☐ Other: Asystole
 Cap Refill: ☐ < 2 sec. (Normal) ☐ > 2 sec. (Delayed)
 Edema: ☐ No ☐ Yes Location: _____ Degree: ☐ 1+ ☐ 2+ ☐ 3+

Palpation Chest pain with palpation: ☐ No ☐ Yes Location: _____
 Pulses: Carotid _____ Brachial _____ Radial _____
 S=Strong W=Weak D=Doppler A=Absent

Abdomen: ☐ Soft ☐ Distended ☒ Firm ☐ Non-Tender ☐ Rigid ☐ Tender ☐ Rebound Tenderness ☐ Other: _____

Cardiac Rhythm: ☐ NSR ☐ Sinus Bradycardia ☐ Sinus Tachycardia ☐ SVT ☒ Other: Asystole
 Apical Pulse: _____ SpO2: 100% ☐ Room Air ETT

System Review

Neurological <input type="checkbox"/> Alert <input type="checkbox"/> Uncooperative <input type="checkbox"/> Oriented X <input type="checkbox"/> Combative <input type="checkbox"/> Cooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Awake but confused <input type="checkbox"/> Restrained	Cardiovascular Skin: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic Color: <input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced	Respiratory Airway: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Other: <u>Intubated</u> Effort: <input type="checkbox"/> Unlabored <input type="checkbox"/> Mildly <input type="checkbox"/> Severely <input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <input type="checkbox"/> Nasal Flaring Lung: <input type="checkbox"/> Clear <input type="checkbox"/> Wheezing <input type="checkbox"/> Crackles <input type="checkbox"/> Rhonchi <input type="checkbox"/> Decreased
---	---	---

Vital Signs: 03:52 T: unresponsive P: _____ Regular R: _____ BP: 000/000 Nurse Signature: McGill MS

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**EMERGENCY DEPARTMENT
ONGOING NURSING ASSESSMENT**

Palestine Regional Medical Center

Name: JAMES, KENNETH W

Pth: L00103392104

Age: 52 YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

Date: 8/13/2011

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

NURSING DIAGNOSIS: Number, codes of priority. Each patient must have at least one selected.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Airway Clearance, Ineffective | <input type="checkbox"/> Communication Impaired | <input type="checkbox"/> Infection, Potential | <input type="checkbox"/> Self Care Deficit |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Coping, Ineffective | <input type="checkbox"/> Injury, Potential | <input type="checkbox"/> Skin Integrity Impairment |
| <input type="checkbox"/> Breathing Patterns, Ineffective | <input type="checkbox"/> Fluid Volume, Alteration in | <input type="checkbox"/> Knowledge Deficit | <input type="checkbox"/> Thought Processes, Impaired |
| <input type="checkbox"/> Cardiac Output, Decreased | <input type="checkbox"/> Gas Exchange, Impaired | <input type="checkbox"/> Mobility Impaired | <input type="checkbox"/> Thought Processes, Alteration in |
| <input type="checkbox"/> Comfort, Alteration in | <input type="checkbox"/> Hyperthermia (Fever) | <input type="checkbox"/> Non-Compliance | <input type="checkbox"/> Tissue Perfusion, Alteration in |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |

The GOAL PLAN for this patient is to assess, meet, or plan for identified needs and initiate interventions for the following:

- | <input type="checkbox"/> FB REMOVAL
<input type="checkbox"/> BLEEDING CONTROL
<input type="checkbox"/> PAIN CONTROL
<input type="checkbox"/> ALLEVIATE NV
<input type="checkbox"/> FEVER CONTROL
<input type="checkbox"/> DECREASE ANXIETY
<input type="checkbox"/> SAFETY IN THE ED | <table border="1"> <tr><th>Not Met</th><th>Met</th><th>Int</th></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | Not Met | Met | Int | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> IMMOBILIZATION / PROPER ALIGNMENT
<input type="checkbox"/> DECREASE / PREVENT SWELLING
<input type="checkbox"/> MAINTAIN STABLE HOMEOSTASIS
<input type="checkbox"/> MAINTAIN SKIN / TISSUE INTEGRITY
<input type="checkbox"/> PREVENT FURTHER INJURY
<input type="checkbox"/> MAINTAIN / IMPROVE CIRCULATION
<input type="checkbox"/> INFECTION CONTROL | <table border="1"> <tr><th>Not Met</th><th>Met</th><th>Int</th></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | Not Met | Met | Int | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> IMPROVEMENT OF BREATHING
<input type="checkbox"/> STABILIZE PATIENT IN DISTRESS
<input type="checkbox"/> meet ENVIRONMENTAL NEEDS
<input type="checkbox"/> meet PSYCHOSOCIAL NEEDS
<input type="checkbox"/> meet SELF CARE ABILITY NEEDS
<input type="checkbox"/> meet EDUCATIONAL NEEDS
<input type="checkbox"/> Other | <table border="1"> <tr><th>Not Met</th><th>Met</th><th>Int</th></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | Not Met | Met | Int | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Int: N = documentation in nurses notes, other 'codes' per Hospital Policy.

Nurses Prompts/Notes	Signature	Time	BP	SpO2	NGT	Cardiac	Pain	Scale
0352 RT to RN #1 on cardiac monitor								
CPR in progress, pt in arrest -								
Rep in room & Cardio at bedside								
0353 See code sheet - R								
0416 CPR stopped ERP pronounced pt @ this time - R								
0421 SWTA notified of death - R								
0430 Judge Todd paged - R								
0434 Judge Todd returned call will come to ER - R								
0500 Lee Ann C. Managed care notified of death - R								
0516 Judge Todd here - Other Rep. here in ER - R								
0600 Carnes Funeral Home ETA is 4 hrs - R								
0952 Carnes Funeral Home arrived to pick up remains								
of pt, body released to funeral home - TM								
Disposition:		<input type="checkbox"/> Discharged in care of: <input type="checkbox"/> Amb <input type="checkbox"/> W/C <input type="checkbox"/> Stret <input type="checkbox"/> Carried <input type="checkbox"/> Discharge Instructions given to <input type="checkbox"/> Verbalized understanding Admit: Room # _____ to Dr. _____ Ready for Room Time: _____ Report called at _____ and given to _____ Transferred to _____ <input type="checkbox"/> Transfer Verified Report called at _____ and given to _____ <input type="checkbox"/> Left without treatment <input type="checkbox"/> Left Against Medical Advice Condition at Disposition: <input type="checkbox"/> Improved <input type="checkbox"/> Stable <input type="checkbox"/> Serious <input type="checkbox"/> Expired Pain Scale: _____ Pain Location: _____ Patient reports that pain is: <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worse Disposition Vitals: T _____ P _____ R _____ BP _____ O2 _____ Disposition Date: _____ Time: _____ Nurse: TM McDonald						

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INITIAL EKG MONITOR RHYTHM

<u>asystole</u>	wide complex	sinus rhythm
ventricular fibrillation	narrow complex	atrial fibrillation
ventricular tachycardia	tachycardia	heart block 1° 2° 3°
	bradycardia	
	rate=	

PROCEDURES & INTERVENTIONS

CPR reintubation attempt by paramedic while
ETT placed successfully the 1st try
 Intubated by: ED physician
 with # 7.5 ET tube curved straight blade nasal / oral
 Premedications: 0
 RSI: etomidate succinylcholine vecuronium
 Post-intubation: Breath sounds
equal R greater than L L greater than R
 Pulse Ox: 99 End-tidal CO2 detector: 18
central line placed sterile technique betadine prep clorhex.
right / left internal jugular subclavian removal
pacemaker external / transvenous
defibrillated
foley catheter

LABS, EKG & XRAYs

CBC	normal except	Chemistries	normal except	UA	normal except
WBC		Na		WBC	
Hgb		K		RBC	
Hct		CO2		Troponin	
Platelets		Gluc		PT/PTT	bacteria
segs		BUN		INR	dips
bands		Creat			

ABGs
 time: RA / LO2 pH 7.35 pCO2 35 pO2 100
 time: RA / LO2 pH 7.35 pCO2 35 pO2 100
 RHYTHM STRIP NSR Rate 70

INITIAL ED EKG
NML ☐ Interp. by me ☐ Reviewed by me Rate 70
NSR nml intervals nml axis nml QRS nml ST/T

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discard w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum

PROGRESS

Also see CPR Flow Sheet

Time 08:00 unchanged improved re-examined
code discontinued

CPR discontinued, patient pronounced dead at 08:05
 *AMI - EKG / ASA / B-Blocker / Thrombolytics / PCI / transfer
 Dx delayed due to atypical presentation

Discussed with Dr. _____ Additional history from: family caretaker paramedic
 Will see patient in: ED / hospital / office Rx given: _____
 Counseled patient / family regarding: lab / rad. results diagnosis need for follow-up admission orders written.
 CRIT CARE TIME (including separately billable procedures) _____ min

CLINICAL IMPRESSION

(circle final dx / backslash diff dx)

Cardiopulmonary Resuscitation	Pulmonary Edema
<u>successful</u> <u>(unsuccessful)</u>	Pulseless Electrical Activity
Asystole	Respiratory Failure
Cardiac Rhythm Disturbance	Sudden Death
V. Tach V. Fib. A. Fib. SVT	
* Myocardial Infarction - acute	<u>hyperthermia</u>

DISPOSITION: ☐ admitted POA decubitus / UTI (foley)
☒ Medical Examiner ☐ morgue ☐ transfer
 CONDITION: ☐ unchanged ☐ improved ☐ stable
☐ critical ☐ serious ☒ deceased

Care transferred to Dr. _____ Time: _____

PHYSICIAN SIGNATURE: _____
☒ Template Complete ☐ See Addendum (Deceased / Template # _____)

* Quality Measure Initiative

Cardiopulmonary Resuscitation-50

CARDIOPULMONARY

RESUSCITATION RECORD

Date 8/13/11 Time Event Recog 0341 Location Ambulance Age 52 Weight _____ Length _____
 Was Hospital-Wide Resuscitation Response Activated? ☒ Yes ☐ No
 Condition when Need for Chest Compression / Defibrillation was Identified? ☐ Pulse (poor perfusion) ☒ Pulseless
 Witnessed: ☒ Yes ☐ No Indicate all Monitors that were Present at Onset: ☒ ECG ☒ Pulse Ox ☒ Apnea
 Patient Conscious at Onset: ☒ Yes ☐ No Did the Patient with a Pulse Become Pulseless? ☒ Yes ☐ No

AIRWAY / VENTILATION
 At Onset: ☒ Spontaneous ☐ Apnea ☐ Agonal ☐ Assisted
 Types of Ventilation: ☐ Mouth/Mouth ☐ Mouth/Mask
☒ BVM ☒ ETT ☐ Tracheotomy ☐ Other: _____
 Time of First Assisted Ventilation: PTA Fee Run Sheet
 ETT Intubation: Time 0335 Size 7.5mm
 By Whom: M. Nielsen
 Secondary Confirmation: ☒ Auscultation ☒ Ex. CO₂
☐ Other: _____

CIRCULATION
 First Documented Rhythm: PTA
 Time Chest Compressions Were Started: PTA
 First Documented Pulseless Rhythm: _____
 Patient Defibrillated ☐ Yes ☒ No
 If Yes, Time of First Shock: _____
 AED Applied ☒ Yes ☐ No
 AED Shock ☐ Advised ☐ Delivered ☐ 1st Shock
 Pacemaker On ☐ Yes ☒ No

PATIENT NAME: JAMES, KENNETH WAYNE
 REG ER Admit: 08/13/11
 11/25/88 M/52 L ER
 MR# L000194299 KNOWLES WEIDI C
 ACCT# L00103392104

Patient Name _____ MR# _____
OUTCOME
 Resuscitation
 Event Ended @ 0416 Status: ☐ Alive ☒ Dead
 Reason Resuscitation Ended:
☐ Return of Circulation (>20 min.) ☐ Efforts Terminated
☒ Medical Futility (No Sustained ROC)
☐ Advance Directives ☐ Restrictions by Family

TIME	BOLUS		DOSE / ROUTE		INFUSIONS		DOSE / cc PER HOUR						COMMENTS: (i.e.: Peripheral / Central Line Placement, IO, Chest Tube, Vial Signs, Response to Interventions)
	RESP.	PULSE	DOSE	ROUTE	DOSE	ROUTE	DOSE	ROUTE					
0353	A	C											CPR in progress
0355	A	C											May 10/10 ETT - bloodied
0356	A	C											NS sputum R
0359	A	C											Central line to RIG - 10/10
0400	A	C											ESDs 265 - R
0401	A	C											Protubated - R
0404	A	C											CPR cont. - R
0405	A	C											7.5mm ETT 24 clip 2 cabs R
0407	A	C											Protubated - R
0408	A	C											CPR cont. - R
0409	A	C											7.5mm ETT 24 clip 2 cabs R
0410	A	C											10/10 NS tube bloodied - R

RECORDER'S SIGNATURE & ID

ICU / CODE TEAM NURSE'S SIGNATURE

PHYSICIAN'S PRINTED NAME

PHYSICIAN'S SIGNATURE

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McCollum/ James2-173

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**ORDER PROCEDURE FORM
CARDIOVASCULAR EMERGENCIES****Palestine Regional Medical Center**

Name: JAMES, KENNETH W

PI#: L00103392104

Age: 52 YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

Date In: 8/13/2011

Time: _____

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Laboratory Tests		Order Sent		By	Other Diagnostic Tests		Order Sent		By
Cardiac Profile					CXR (PA/LAT - Portable)				
CBC									
BMP	CMP								
Troponin									
Myoglobin									
CPK									
Magnesium					Cardiopulmonary				
BNP					EKG				
PT/PTT					ABG				
					O2	LPM			
Miscellaneous									
Previous Medical Records					Medical Necessity Information				
Physical Therapy - Eval & Tx									

Weight: _____	Height: _____	Allergies: UNKNOWN
---------------	---------------	--------------------

Order Time	Medication / Dosage / Route	VO	Area	Bar	Adm. Time	Adm. Site	Response	Improved	Worse	Unchanged
0353	EPI	<input type="checkbox"/>			0353	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0356	EPI	<input type="checkbox"/>			0356	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0359	EPI	<input type="checkbox"/>			0359	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0359	Sodium Bicarb	<input type="checkbox"/>			0359	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0401	EPI	<input type="checkbox"/>			0401	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0404	EPI	<input type="checkbox"/>			0404	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0407	EPI	<input type="checkbox"/>			0407	ML IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Order Time	IV Solution / Added Medication	Start Time	Device	Size	Location	# Attempts	Amount	Start Date	End Date	Rate	Infused	S/C
	<input type="checkbox"/> KVO Device:											
	<input type="checkbox"/> IV Fluid: NS ①		PTA									
	NS ② 0355											

Procedure / Monitoring / Assistance		
<input type="checkbox"/> Cardiac Monitor Rate _____ Rhythm _____	<input type="checkbox"/> External Pacer	<input type="checkbox"/> Urinary Catheter
<input type="checkbox"/> NIBP Monitor	<input type="checkbox"/> Internal Pacer (Temporary)	<input type="checkbox"/> Arterial Line Placement
<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> Central Line Placement	<input type="checkbox"/> NGT Insertion Tube Size _____
<input type="checkbox"/> Thrombolytic Therapy (Thrombolytic Flow Sheet)	<input type="checkbox"/> CVP Monitoring	
<input type="checkbox"/> Carotid Massage	<input type="checkbox"/> CPR	
<input type="checkbox"/> Cardioversion	<input type="checkbox"/> Endotracheal Intubation	

Discharge Instructions			
<p>Initials/Signature: _____</p> <p>PA/ARNP: _____</p> <p>Physician's Signature: _____</p> <p>HEIDI KNOWLES MD #M3818 DFA #445500 MD #445500</p>			

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**EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD**

Palestine Regional Medical Center

Name: JAMES, KENNETH W

Pt#: L00103392104

Age: 52YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Date In: 8/13/2011

Allergies: UNKNOWN-

Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time
A	B 25	16	1	ML		8-13-11
B	B 16g ID		EMS			

IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
NS	Bolus				
Start <u>0353</u> Stop <u>0416</u> Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse <u>ML</u>		
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
NS	Bolus				
Start <u>0353</u> Stop <u>0416</u> Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse <u>ML</u>		
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
_____	_____	_____	_____	_____	_____
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
_____	_____	_____	_____	_____	_____
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		

Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse
EPI				B		0353					ML
EPI				B		0356					ML
EPI				A		0359					ML
Sodium Bicarb				A		0359					ML
EPI				A		0401					ML

Influenza (Site)	SUBQ/IM Lot#	Time	VIS Version Given	Nurse
_____	_____	_____	_____	_____
Pneumovax (Site)	SUBQ/IM Lot#	Time	VIS Version Given	Nurse
_____	_____	_____	_____	_____
Hepatitis (Site)	SUBQ/IM Lot#	Time	VIS Version Given	Nurse
_____	_____	_____	_____	_____
Other (Toxoid Name)	SUBQ/IM Lot#	Time	VIS Version Given	Nurse
_____	_____	_____	_____	_____

Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail _____

OTHER MEDICATIONS, ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS										
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____

Aerosol Medications	Time given	Patient Response	Nurse
_____	_____	_____	_____

Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO _____

Nursing #1 Signature

Date / Time

Nursing #2 Signature

Date / Time

Rev. 1/5/2010

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PRMC HIM

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**EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD**

Palestine Regional Medical Center

Date In: 8/13/2011

Name: JAMES, KENNETH W

Pt#: L00103392104

Age: 52YRS DOB: 11/25/1958

Sex: M

MR#: L000194299

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Allergies: UNKNOWN

Site	Location	Gauge	Attempts	Initials	Complications/Comments	Date / Time
A	0.5	16	2	ML		8-13-11
B	0.5	16	2	ML		8-13-11

IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start Stop Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start Stop Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start Stop Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start Stop Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		

Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse
EPI				A		0409					ML
EPI				A		0407					ML
Sodium Bicarb				A		0418					ML
EPI				A		0410					ML
EPI				A		0413					ML

Influenza (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Pneumovax (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Hepatitis (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Other (Toxoid Name)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse

Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail

PATIENT'S ALL OTHER MEDICATIONS (ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS)										
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____
Medication _____	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given _____	Nurse _____

Aerosol Medications	Time given	Patient Response	Nurse
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO			Nurse

Nursing #1 Signature: [Signature] Date / Time: 8-13-11
 Nursing #2 Signature: _____ Date / Time: _____

Rev. 1/5/2010

PCP: NO LOCAL DOCTOR

Rev. 02/05/04

08/15/2011 08:01 9037311183

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10/10/2005 18:47 9037312215

THREE CENTER

PAGE 01/01

**Palestine Regional Medical Center
Release of Deceased
Organ/Tissue Donation**

JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 L.ER
MR# L000194299 KNOWLES, HEIDI C
Acct# L00103392104
[Barcode]

Section 1

All deaths are reported to South Transplant Alliance (STA) 1-800-301-0527.

Name/Title of person making referral: Dr. Webb RWTime: 0429 Date: 8/13/11 Referral #: 238596Name Of STA contact: AprilWas the patient determined medically suitable for donation? YES ☒ NOIf no, why? D/T incarcerationThis section MUST be complete before proceeding to the next section.**Section 2**

If the patient was determined a suitable donor, was it for Organs or Tissues?

Name/Title of designated requester:

Time: Date: Location:

Family: Accepted Or Declined

Legal Next of Kin:

Section 3Date of Death: 8/13/11 Time: 0416 Pronounced by: Dr. KnowlesDeceased: Did Did Not ☒ Unknown have an infectious disease.Attending Physician: Dr. Knowles**Section 4**Family/Guardian asked if they would like an autopsy performed? YES ☒ NOFamily request a autopsy? YES ☒ NOAttending Physician request autopsy? YES ☒ NOJ.P. request autopsy? YES ☒ NO**Section 5**

The undersigned, which represent that he/ she has the legal authority to do so, does hereby authorize and direct Palestine Regional Medical Center to release the remains of:

(Deceased) Kenneth James

to the

(Funeral home) Carroll's Funeral Home of Texas City, TexasDate: 8/13/11 Signature: [Signature]Relation: J.P.**Section 6**Received the remains of Kenneth W. JAMES on 8/13/11Released by: TMcClendonFuneral Home: CARNESDirector: RA Lyer

Palestine Regional Medical Center & Procedures for Organ/Tissue Donation Release Form.pdf

08/15/2011 08:01 9037311183

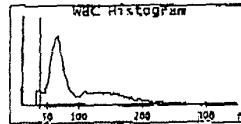
PRMC HIM

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Palestine Regional Med. Center
Johnny L. Haley2900 S. Loop 256
Software 2D1 D:[2211]Palestine, TX 75801
(903)731-1140First Name: James
Last Name: Kenneth
Patient ID:
User Field 1:
Seq #:Location:
Physician: ,
Age:
User Field 2:
User Field 3:Gender:

Date of Birth:
Drawn Date:Date: 8/13/2011 Sample ID: -----
Time: 3:57:06 Sample Type: CD A No ReadCass / Pos: 000201 Operator ID: BAK
Listname: 37N8D108 Instrument: AK09152

WBC	8.1	10 ⁹ /μL
NE %	40.9	L %
LY %	54.6	H %
MO %	3.7	L %
EO %	0.4	L %
BA %	0.4	%
NRBC %	0.0	%
NE #	3.3	10 ⁹ /μL
LY #	4.4	H 10 ⁹ /μL
MO #	0.3	10 ⁹ /μL
EO #	0.0	L 10 ⁹ /μL
BA #	0.0	10 ⁹ /μL
NRBC #	0.0	10 ⁹ /μL

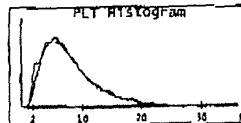
Suspect Definitive

Imm. NE 1

RBC	5.11	10 ⁶ /μL
HGB	14.9	g/dL
HCT	45.2	%
MCV	88.5	fL
MCH	29.2	pg
MCHC	33.0	g/dL
RDW	14.0	%



PLT	94	L 10 ³ /μL
MPV	8.9	fL



Platelet Clumps

RET %
RET #
IRF
MRV

Comments:

End of Completed Report

McGill-HM Samples 2-3679

McGillishMSamples2-3680

08/15/2011 08:01 9037311183

PRMC HIM

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Name: _____ Initial Rhythm: _____

PRMC HIM 08/15/2011 08:01

Lead II

PRMC HIM 08/15/2011 08:01

Initial Rhythm

PRMC HIM 08/15/2011 08:01

PRINTED IN U.S.A. X1.0 2.5-30Hz 25mm/sec

P > P: REG ☐ IRREG ☐ PR INT: _____ CONSTANT ☐ VARI ☐ R > R: REG ☐ IRREG ☐ QRS INTERVAL: _____ VENT. RATE: _____ QT INT: _____ INTERPRETATION: _____

ACTION TAKEN: _____ SIGNATURE: _____ DATE: _____

PRMC HIM 08/15/2011 08:01

Lead II

PRMC HIM 08/15/2011 08:01

Initial Rhythm

PRMC HIM 08/15/2011 08:01

PRINTED IN U.S.A. X1.0 2.5-30Hz 25mm/sec

P > P: REG ☐ IRREG ☐ PR INT: _____ CONSTANT ☐ VARI ☐ R > R: REG ☐ IRREG ☐ QRS INTERVAL: _____ VENT. RATE: _____ QT INT: _____ INTERPRETATION: _____

ACTION TAKEN: _____ SIGNATURE: _____ DATE: _____

PRMC HIM 08/15/2011 08:01

Lead II

PRMC HIM 08/15/2011 08:01

Initial Rhythm

PRMC HIM 08/15/2011 08:01

PRINTED IN U.S.A. X1.0 2.5-30Hz 25mm/sec

P > P: REG ☐ IRREG ☐ PR INT: _____ CONSTANT ☐ VARI ☐ R > R: REG ☐ IRREG ☐ QRS INTERVAL: _____ VENT. RATE: _____ QT INT: _____ INTERPRETATION: _____

ACTION TAKEN: _____ SIGNATURE: _____ DATE: _____

REMARKS: _____

RHYTHM STRIP RECORD

HCA ICU-1220/5

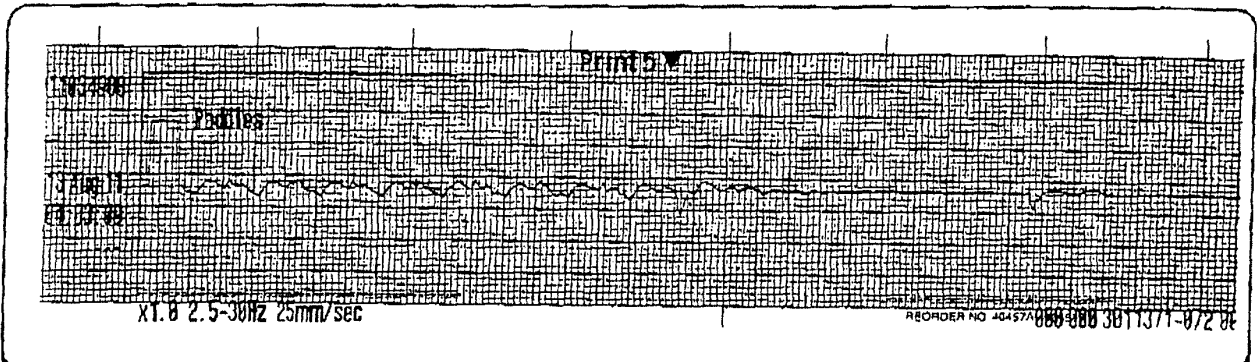
JAMES, KENNETH WAYNE
REG ER 11/25/58 M/52 L. ER
MR# L000194299 KNOWLES, HEIDI C
Acct# L00103392104

08/15/2011 08:01

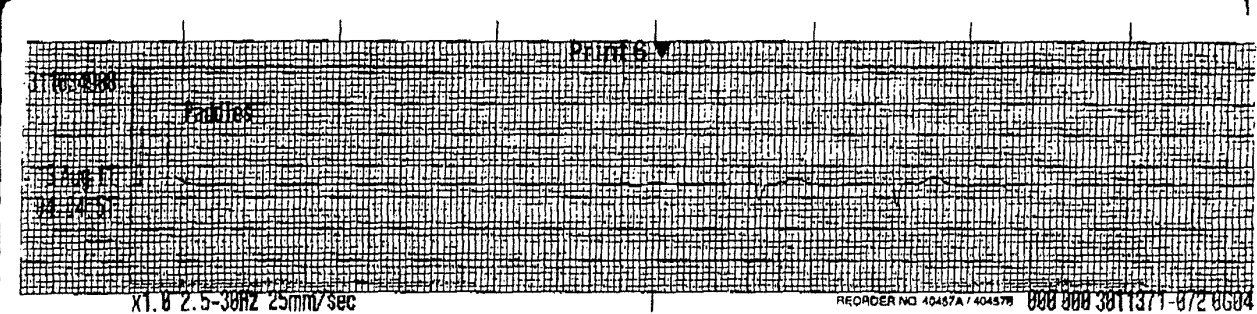
9037311183

PRMC HIM

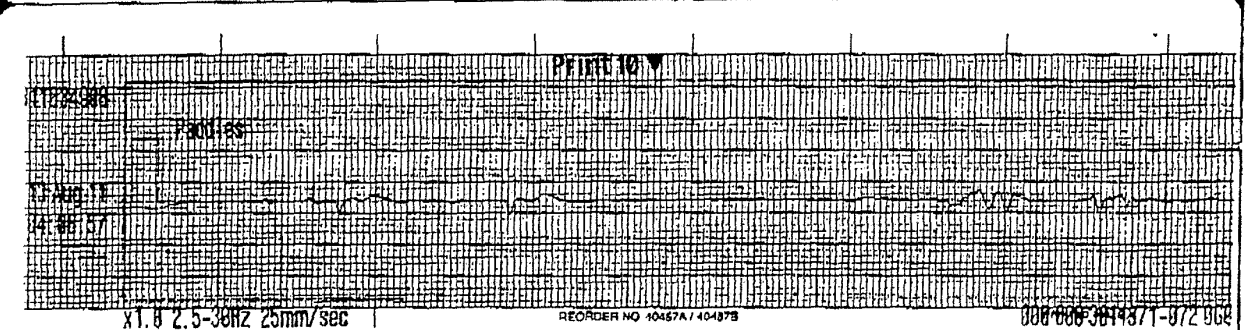
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P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/>	R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/>	INTERPRETATION: _____
PR INT: _____ CONSTANT <input type="radio"/> VARI <input type="radio"/>	QRS INTERVAL: _____	
ATRIAL RATE _____	VENT. RATE _____ QT INT. _____	
ACTION TAKEN: _____		SIGNATURE: _____ DATE: _____



P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/>	R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/>	INTERPRETATION: _____
PR INT: _____ CONSTANT <input type="radio"/> VARI <input type="radio"/>	QRS INTERVAL: _____	
ATRIAL RATE _____	VENT. RATE _____ QT INT. _____	
ACTION TAKEN: _____		SIGNATURE: _____ DATE: _____



P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/>	R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/>	INTERPRETATION: _____
PR INT: _____ CONSTANT <input type="radio"/> VARI <input type="radio"/>	QRS INTERVAL: _____	
ATRIAL RATE _____	VENT. RATE _____ QT INT. _____	
ACTION TAKEN: _____		SIGNATURE: _____ DATE: _____

REMARKS: _____

RHYTHM STRIP RECORD

JAMES, KENNETH WAYNE
 REG ER Admt: 08/13/11
 11/25/58 H/52 L ER
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104

HCA ICU-1220/9

McGoffishMSamples2-3688

08/15/2011 08:01 9037311183

PRMC HIM

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ID# 08131034908 NAME: JAMES KENNETH WAYNE 08/15/2011 08:01			
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ACTION TAKEN: _____		SIGNATURE: _____ DATE: _____	
ID# 08131034908 NAME: JAMES KENNETH WAYNE 08/15/2011 08:01			
P > P: REG <input type="radio"/> IRREG <input type="radio"/> PR INT: _____ CONSTANT <input type="radio"/> VARI <input type="radio"/> ATRIAL RATE: _____		R > R: REG <input type="radio"/> IRREG <input type="radio"/> QRS INTERVAL: _____ VENT. RATE: _____ QT INT. _____	
ACTION TAKEN: _____		SIGNATURE: _____ DATE: _____	
REMARKS: _____ _____ _____ _____			
RHYTHM STRIP RECORD			

HCA ICU-1220/S

JAMES, KENNETH WAYNE
 REG ER Admit: 08/13/11
 11/25/58 M/52 L ER
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104



Miscellaneous Documentation

- Dorm Temperature Log (August 12, 2011)
- Dorm Temperature Log (August 13, 2011)
- Receiving/Releasing Tracking Form (Carnes Funeral Home)
- Count Sheet (August 13, 2011, Start: 00:01/End: 00:35)
- Offense Report for offender Tucker, Trenton #1606521 – August 13, 2011 (Case #20110356416)
- I-47MA *Disciplinary Report and Hearing Record* for Tucker, Trenton #1606521 – August 15, 2011 (Case #20110356416)
- Offense Report for offender Alaniz, Joel #1641001 – August 13, 2011 (Case #20110356422)
- I-47MA *Disciplinary Report and Hearing Record* for Alaniz, Joel #1641001 – August 15, 2011 (Case #20110356422)

Joe F. Gurney Unit
Dorm Temperature Log
Date 8-12-11

DORM	TIME	TEMP	DORM	TIME	TEMP	DORM	TIME	TEMP	DORM	TIME	TEMP	DORM	TIME	TEMP
A-1	0839	84.5	B-4	0840	84.5	C-7	0900	84.5	F-2	0853	89.0			
	0842	84.5		0842	84.5		0843	84.5		0843	89.0			
	0847	101.5		0848	101.5		0849	83.5		0850	89.0			
	0853	103.5		0854	103.5		0855	100.3		0856	103.0			
A-2	0855	89.5	B-5	0858	90.5	C-8	0900	87.0	F-3	0856	89.0			
	0858	83.5		0859	87.0		0900	85.5		0900	88.0			
	0904	101.5		0904	101.5		0904	100.5		0904	101.5			
	0906	103.7		0907	103.7		0907	101.5		0907	101.5			
A-3	0909	85.5	B-6	0910	87.5	D-1	0911	84.5	F-4	0908	87.5			
	0914	85.5		0914	85.5		0914	84.5		0914	87.5			
	0919	102.0		0919	102.0		0919	100.5		0919	100.5			
	0924	102.0		0924	102.0		0924	100.5		0924	100.5			
A-4	0931	89.5	B-7	0934	91.5	D-2	0934	87.0	K-1	0932	89.0			
	0934	85.5		0934	85.5		0934	85.5		0934	85.5			
	0937	100.5		0937	100.5		0937	100.5		0937	100.5			
	0941	101.5		0941	101.5		0941	101.5		0941	101.5			
A-5	0943	91.0	B-8	0944	90.5	D-3	0944	87.0	K-2	0944	87.0			
	0947	85.5		0947	85.5		0947	85.5		0947	85.5			
	0952	101.5		0952	101.5		0952	101.5		0952	101.5			
	0957	101.5		0957	101.5		0957	101.5		0957	101.5			
A-6	0959	90.5	C-1	0959	84.5	D-4	0959	87.0	K-3	0959	87.0			
	1003	85.0		1003	85.0		1003	85.0		1003	85.0			
	1007	103.0		1007	103.0		1007	103.0		1007	103.0			
	1011	103.0		1011	103.0		1011	103.0		1011	103.0			
A-7	1014	90.0	C-2	1014	84.0	E-1	1014	84.5	K-4	1014	84.5			
	1018	85.0		1018	85.0		1018	85.0		1018	85.0			
	1022	101.5		1022	101.5		1022	101.5		1022	101.5			
	1026	101.5		1026	101.5		1026	101.5		1026	101.5			
A-8	1029	90.5	C-3	1029	88.5	E-2	1029	84.0	K-5	1029	84.0			
	1033	84.5		1033	84.5		1033	84.5		1033	84.5			
	1037	101.0		1037	101.0		1037	101.0		1037	101.0			
B-1	1040	102.0	C-4	1040	89.0	E-3	1040	84.5	K-6	1040	84.5			
	1044	87.0		1044	87.0		1044	87.0		1044	87.0			
	1048	102.0		1048	102.0		1048	102.0		1048	102.0			
	1052	102.0		1052	102.0		1052	102.0		1052	102.0			
B-2	1055	90.5	C-5	1055	87.5	E-4	1055	87.0	K-7	1055	87.0			
	1059	88.0		1059	88.0		1059	88.0		1059	88.0			
	1103	101.0		1103	101.0		1103	101.0		1103	101.0			
B-3	1106	102.5	C-6	1106	89.5	F-1	1106	84.5	K-8	1106	84.5			
	1110	84.5		1110	84.5		1110	84.5		1110	84.5			
	1114	101.5		1114	101.5		1114	101.5		1114	101.5			
SEP	1118	102.0		1118	102.0		1118	102.0		1118	102.0			

8/24

0824

87.0

1530

100.0

Joe F. Gurney Unit
Dorm Temperature Log
Date 8-13-2011

DORM	TIME	TEMP	DORM	TIME	TEMP	DORM	TIME	TEMP	DORM	TIME	TEMP
A1	0353	88.5	B4	0402	90.0	C7	0344	86.5	F2	0407	91.0
A2	0352	89.5	B5	0356	91.5	C8	0404	88.0	F3	0410	90.5
A3	0352	90.0	B6	0356	92.0	D1	0402	87.0	F4	0410	90.0
A4	0351	89.5	B7	0358	91.5	D2	0402	88.0	K1	0455	89.0
A5	0345	91.0	B8	0359	90.0	D3	0403	88.5	K2	0455	89.0
A6	0345	90.0	C1	0338	89.5	D4	0403	88.5	K3	0455	95.0
A7	0345	90.0	C2	0438	89.5	E1	0408	86.5	K4	0454	95.0
A8	0346	90.0	C3	0437	89.0	E2	0409	86.5	K5	0454	96.0
B1	0400	90.0	C4	0437	89.5	F3	0430	87.0	K6	0453	96.0
B2	0400	91.0	C5	0435	88.0	F4	0430	88.0	K7	0451	89.5
B3	0401	90.5	C6	0434	87.0	F1	0404	90.0	K8	0451	88.5
SEP	0454	85.5									

Rack/Shelf
_____**Receiving / Releasing Tracking Form**Deceased Name: KENNETH JAMES Date of Death: 8-13-11Referring Establishment: TDCJ Date of Birth: 11-25-58 Van # C☒ Remains ☐ Cremains ☐ Property (list) _____ Location: _____Transported by (Company): CARNES Transported from: PALESTINE TX to: CSH☒ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)Delivered by: DICKIE SYERS Date: 8-13-11 Time: X☒ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)Received by: X Date: X 8-13-11 Time: X☐ Remains ☐ Cremains ☐ Property (list) _____ Location: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Transported by (Company): _____ Transported from: _____ to: _____

Received by: _____ Date: _____ Time: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

☐ Remains ☐ Cremains ☐ Property (list) _____ Location: _____

Transported by (Company): _____ Transported from: _____ to: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Received by: _____ Date: _____ Time: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

☐ Remains ☐ Cremains ☐ Property (list) _____ Location: _____

Transported by (Company): _____ Transported from: _____ to: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Received by: _____ Date: _____ Time: _____

_____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

Time Start: 00:01 Signature: WHITFIELD Date: 08/13/2011

Time End: 00:35 Title: LT.

Plaintiffs' MSJ Appx. 3684

TDCJ DISCIPLINARY REPORT AND HEARING RECORD
 CASE: 00100256416 TDCJNO: 01505521 NAME: TUCKER, TRENTON DURAN E#: 1213
 UNIT/NO: 48061 AB 04801 JOB: KITCHEN HELPER SAD 121102
 CLASS: 24 CUST: 05 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: NONE
 GRADE: MA / FOR OFF. DATE: 08/15/11 @ 01:10 AM LOCATION: MD BLDG LT 6 OFFICE
 TYPE: TF

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT LT. OFFICE, OFFENDER: TUCKER, TRENTON DURAN, TDCJ-ID NO. 01505521, DID ENGAGE IN A FIGHT WITHOUT A WEAPON WITH OFFENDER ALANIZ 01641001, BY HITTING OFFENDER ALANIZ IN THE FACE. MOREOVER, THE FIGHT RESULTED IN INJURIES TO OFFENDER ALANIZ THAT REQUIRED TREATMENT UP TO FIRST AID.

CHARGING OFFICER: FEW, M

SHIFT/CARD: 2 A

TIME/DATE NOTIFIED: 1225 8-15-11 OFFENDER NOTIFICATION IF APPLICABLE: INTERVIEW

YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS BEFORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES/NO IF NO, HOW DO YOU

PLEASE: GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: *Trenton Tucker* DATE: 8-15-11

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: *Trenton Tucker* DATE: 8-15-11

HEARING DATE: 8-15-2011 TIME: 12:45pm UNIT: NO A FILE: 029 DSFILE: 241778

COUNSEL SUBSTITUTE AT HEARING: *Jones* FOLDER: FILE: DSFILE:

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 12 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING, (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, INCLUDING WEEK ENDING, FOLLOWING FROM THE DATE AND TIME OF INTERVIEW, (8) IF

(SIGNATURE) *Offender elected not to attend and waived 24 hour notice. Offender given an E-21.*OFFENDER STATEMENT: *Guilty, no statement, no witnesses, no documentary evidence.*OFFENSE SUBJECT: *0 0* NO, NONE: *0*FINDINGS: *0 0* NO, DS: *0*REDUCED TO MINOR PRIOR TO DOCKET: *0* DOCKET: *0* HEARING: *0* BILLING: *0*

A) Admission of Guilt. B) Offense Report. C) Attached Witness Statement.

LOSS OF PRIVACY (DAYS): *45* REPRIMAND: *0* SOLITARY (DAYS): *0**RECREATION (DAYS): *45* EXTRA DUTY (HOURS): *0* REMAIN: *0**COMMISARY (DAYS): *45* CONT. VIOL. SUSP. THRU: *12-15-2011* REDUCED CLASS FROM: *54-71**PROPERTY (DAYS): *0* CELL RESTR. (DAYS): *0* GOOD TIME (DAYS): *0**SPECIAL CELL RESTR. (DAYS): *0* DAMAGES: *0* CAPE: *0*SPECIFIC FACTORS REASON(S) FOR PARTIAL AWARD: *100 days* IMPOSED: *0**REASON(S) FOR PARTIAL AWARD: *100 days* IMPOSED: *0*

Informal Resolution App?	Y	<input checked="" type="radio"/>
Accusing Officer	Y	<input checked="" type="radio"/>
Supervisor	Y	<input checked="" type="radio"/>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFENSE REPORT

Interpreter Required?	Y	<input checked="" type="radio"/>
MHMR Rest?	Y	<input checked="" type="radio"/>
PHD	Y	<input checked="" type="radio"/>

(1) TDCJ-No: 1606521 (2) Offender: Tucker, Trenton (3) Unit: Gurney
 (Last Name, First)
 (4) Housing Assign: A1-02 (5) Job Assignment: Kitchen helper 3rd ☒
 (6) Offense Level, Code Title: Level 2 Code 21.0 Fighting an offender without a weapon ☒
 OFFENSE DESCRIPTION: On 8-13-11 at 5:15 AMPM, and at Lt. office
 (7) date (8) time (9) Enter Specific Location

Offender Tucker, Trenton TDCJ No. 1606521

Did engage in a fight without a weapon with offender Alaniz 1641001 by hitting offender Alaniz in the face. Moreover The fight resulted in injuries to Alaniz that required treatment to first aid.

(10) Additional Information:

On the above date and time through investigation in Lt. office T officer Few witnessed both offenders Alaniz 1641001 and Tucker 1606521 admit to fighting on A1 in dayroom.

(Continue on an additional sheet if necessary)

(11) Witnesses: NONE
 (12) Accusing Officer/Employee: Printed Name/Rank Few Cos3
 (13) Signature: Few (14) Shift/Card 2A (15) Date 8-13-2011 (16) Time 5:35 AM
 (17) Approving Supervisor's Printed Name: TULLY FLOWERS (18) Date 8-13-11
 (19) Grading Official (Print) J. Rayford (20) Rank ny (21) Date 8-15-11
 (22) Grade: (Circle One) IR UP MI ☒ MA (23) Justification to override Informal Resolution:

6-23

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TDCJ DISCIPLINARY REPORT AND HEARING RECORD

CASE: 20110356422 TDCJNO: 01641001 NAME: ALANIZ, JOEL
 UNIT: ND JUNE: 01 012T JOEL BAKER 3AD
 CLASS: 02 CUST: 02 PRIMARY LANGUAGE: ENGLISH MHR RESTRICTIONS: NONE
 BRDE: MA / FJR OFF. DATE: 08/15/11 05:15 AM LOCATION: ND BLDG LT15 OFFICE
 TYPE: TF

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT LT. OFFICE, OFFENDER: ALANIZ, JOEL, TDCJ-ID NO. 01641001, DID ENGAGE IN A FIGHT WITHOUT A WEAPON WITH OFFENDER TUCKER 01666921, BY HITTING OFFENDER TUCKER IN THE FACE. MOREOVER, THE FIGHT DID NOT RESULT IN ANY INJURIES.

CHARGING OFFICER: FEW, M

SHIFT/CARD: 2 P

TIME/DATE NOTIFIED: 1228 8-15-11 OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER, YOU WILL APPEAR BEFORE HEARING OFFICER 24 HRS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY
 OFFENDER NOTIFICATION SIGNATURE: *Alaniz Joel* DATE: 8-15-11
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO A FOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING
 OFFENDER WAIVER SIGNATURE: *Alaniz Joel* DATE: 8-15-11

HEARING DATE: 8-15-2011 TIME: 12:30 PM UNIT: 028 FOLDER: A FILE: 028 DSFILE: 241777
 COUNSEL SUBSTITUTE AT HEARING: L. Jones FOLDER: FILE: DSFILE:
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING HRR, HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED:
 SIGNATURE: *Offender named 24 hours notice*

OFFENDER STATEMENT: *Guilty No statements, NO witnesses, NO Documentary Evidence at hearing.*

OFFENSE CLASS: *0* (0, NO, NONE) *6*
 OFFENDER PLEA: *0* (0, NO, NONE) *6*
 FINDINGS: *0* (0, NO, NONE) *6*
 REDUCED TO HONOR (PRIOR TO DOCKET) (REASON) (REASON) (REASON) (REASON)
 GUILTY: *0* (0, NO, NONE) *6*
 ADMISSON OF GUILTY: *0* (0, NO, NONE) *6*
 STATEMENT IN DETAIL: *A) Admission of Guilt. B) Officer Report. C) SEE attached offender statement*

LOSS OF PRIV (DAYS): *45* REPRIMAND: *45* SOLITARY (DAYS): *45*
 *RECREATION (DAYS): *45* EXTRA DUTY (HOURS): *12 15 2011* REMAIN LINE 3: *S3*
 *COMMISSARY (DAYS): *45* CONT. VISIT SUBP. THRU: *12 15 2011* REDUC. CLAS. FROM: *S3*
 *PROPERTY (DAYS): *45* CELL RESTR. (DAYS): *45* GOOD TIME LOST (DAYS): *45*
 * (DAYS): *45* SPECIAL CELL RESTR. (DAYS): *45* DAMAGES/FINE (DOLLARS): *45*

SPECIFIC PUNISHMENT: *Reason (S) for PUNISHMENT: (S) imposed: *Kind on grade 21**
 *REASON FOR PUNISHMENT: *Reason (S) for PUNISHMENT: (S) imposed: *Kind on grade 21**
 *REASON FOR PUNISHMENT: *Reason (S) for PUNISHMENT: (S) imposed: *Kind on grade 21**
 *REASON FOR PUNISHMENT: *Reason (S) for PUNISHMENT: (S) imposed: *Kind on grade 21**

HEARING OFFICER (PRINT): *Michael W. Longhins* REVIEWER SIGNATURE: *X. Alaniz Joel*
 (FORM 1-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.
 (REV. 04-10) COMMUNIQUE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA

Informal Resolution App?

Accusing Officer Y ☒Supervisor Y ☒

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFENSE REPORT

Interpreter Required? Y ☒MHMR Rest? Y ☒PHD Y ☒

(1) TDCJ-No: 1641001 (2) Offender: Alaniz, Joel (3) Unit: Gurney
 (Last Name, First)
 (4) Housing Assign: A 1-2 (5) Job Assignment: Baker 3rd **FT**
 (6) Offense Level, Code Title: Level 2 Code 21.0 Fighting an offender without a weapon
 OFFENSE DESCRIPTION: On 8-13-11 at 5:15 ☒ AM ☐ PM, and at 11. office non-serious injury
 (7) date (8) time (9) Enter Specific Location

Offender Alaniz, JoelTDCJ No. 1641001

did engage in a fight without a weapon with
offender Tucker 1606521 by hitting offender Tucker in the
face. More over the fight did not result in any injuries.

(10) Additional Information:

On the above date and time through investigation
in 11. office I officer Few witnessed both offenders
Alaniz 1641001 and Tucker 1606521 admit to fighting
on A1 in dayroom

(Continue on an additional sheet if necessary)

(11) Witnesses: NONE(12) Accusing Officer/Employee: Printed Name/Rank Few CO3(13) Signature: Few (14) Shift/Card 2A (15) Date 8.13.11 (16) Time 0530 AM(17) Approving Supervisor's Printed Name: Tully Flowers (18) Date 8-13-11(19) Grading Official (Print) J Rayford (20) Rank ny (21) Date 8-15-2011(22) Grade: (Circle One) IR UP MI ☒ MA (23) Justification to override Informal Resolution:

Corrective Actions

- Employee Performance Log: Sergeant Matthew Seda
- Employee Performance Log: Sergeant Tully Flowers

TDCJ EMPLOYEE PERFORMANCE LOG	
Employee Name: <u>Seda, Matthew</u> SSN: _____	
Position Title: <u>Sergeant of Correctional Officers</u>	
Supervisor Comments/Recommended Actions: (e.g. discussion notes, expectations, action plans, time lines and other measures, and records of significant events)	Employee Comments:
<p>Observation Dates - From: 08/17/2011 To: 08/17/2011</p> <p>On August 17, 2011, a review of I-11520-08-11, a report for the death of offender James, Kenneth #1726849 was conducted. During that review, it was noted, in your statement, that at approximately 0020 hours, Officer Doris Edwards, CO V reported that offender James appeared ill and was displaying abnormal behavior. Because you were understandably busy with your duties as it pertained to the unit count and, after confirming that the offender was in a secure area, you instructed Officer Edwards to maintain a visual on the offender and that you would report to the building shortly.</p> <p>Shortly after this discussion with Officer Edwards, Officer Robert Tatum, CO IV entered the Lieutenant's Office with an offender who works for him in the Food Service Department, and reported that he had injuries consistent with having been involved in a physical altercation. You instruct Officer Tatum to stage the offender outside of the Lieutenant's Office for further investigation upon completion of the unit count.</p> <p>After the report from Officer Tatum, you receive yet another report from Officer Revoyda Dodd, CO IV about offender James' condition. With the offender in a secure area, you provide her with the same instructions that you provided Officer Edwards.</p> <p>Upon completion of the unit count, you exited the Lieutenant's Office and make contact with the offender that was involved in the physical altercation. After questioning this offender, you proceed to A1-Building and begin an investigation into that incident, consequently, forgetting about the report about offender James.</p> <p>The responsibilities of a supervisor can be overwhelming, and especially so for supervisors on shift. It is understandable that with all of the requirements that are made of a supervisor, that you will forget to complete some tasks or follow-up on some minor incidents from time to time. In this case, the abnormal behavior of offender James.</p> <p>The physical altercation that you proceeded to investigate had</p>	<p><i>MS</i></p>

See Next Page

August 17, 2011

Employee Performance Log: Matthew Seda, Sergeant

already occurred and was not ongoing at the time of its discovery. The issues involving offender James were; however, ongoing at the time of the incident and should have been given priority attention. The investigation into the fight could have been completed afterwards or even forwarded to the relieving shift for completion, if need be. You indicated to me that you did not notify Lt. Toby Whitfield of the report received regarding offender James, which may have allowed Lt. Whitfield to coordinate staff in a manner to address both incidents immediately.

You returned to shift on May 31, 2011, following several months in the Intake/Receiving Department and that assignment was after you were assigned to a shift for just a short while. The responsibilities of the shift supervisor, as you are quickly learning, are more important than those of other supervisors on the unit. Managing staff, the unit operations and the health and safety of the offender population can prove to be challenging and, in most cases you excel at this.

It is impossible to know what would have happened had you been able to report to the building sooner than you had. While you can speculate on what may have happened had you done so, it is more important to focus on what we do know. The investigation into this incident revealed that you forgot to follow-up on the report received from Officer Dodd and Officer Edwards, but, from the moment the incident occurred, you have been truthful and forthcoming in this fact. In addition, you have an excellent history of completing all tasks assigned to you and have always, other than this one incident, promptly followed up on reports from staff or offenders that required you to do so. Your honest admission that you forgot, from the beginning of this investigation, was appreciated and prevented this information from having to be discovered through other information in the investigation which has been known to have happened in the past with other staff in different incidents.

While your actions are unacceptable and are in violation of PD-22, General Rules of Conduct for Employees, specifically, Substandard Duty Performance, those actions were not deliberate or malicious. As a result, rather than formal disciplinary, this entry is being made to impress upon you the importance of following up on reports of any type from staff. Staff may not describe an incident to you correctly on the telephone and you may realize in an investigation that the incident reported was much more serious than had been explained to you. This is why it is important that you address each report from staff and, if your involvement was not needed, address with the responsible staff so that they will know what their correct response should have been without needing supervisor assistance. In addition, if provided vague information on the telephone, additional questioning of the officer may yield additional information that will allow you to respond more appropriately.

Supervisor's Initials: MS Date: 08/17/2011
MM/DD/YYYY

Employee's Initials: MS Date: 08-17-2011
MM/DD/YYYY

The original of this form shall be maintained in a supervisory file in accordance with PD-55, "Management of Employee Files." This form shall not be attached to the employee's performance evaluation. A copy may be placed in an employee's disciplinary file only when it is used to support a disciplinary action taken in accordance

TDCJ EMPLOYEE PERFORMANCE LOG			
Employee Name: <u>Flowers, Tully</u>		SSN: _____	
Position Title: <u>Sergeant of Correctional Officers</u>			
Supervisor Comments/Recommended Actions: (e.g. discussion notes, expectations, action plans, time lines and other measures, and records of significant events)		Employee Comments:	
Observation Dates - From: <u>08/13/2011</u> To: <u>08/17/2011</u> On August 13, 2011, while responding to the medical emergency of offender James, Kenneth #1726849 and at the request of LVN Linda McKnight, you instructed Officer Ronald Burt, CO V to get the vitals of offender James. You nor Officer Burt are trained or licensed medical professionals and should never take any vitals for an offender who is in need of medical assistance regardless of whether medical staff ask you to do so or not. This should not be construed to mean that you should not assist medical when needed. If medical is present and ask you for assistance you should do so. This should also not be construed to mean that you should not provide medical assistance when responding to an emergency when medical staff is not available on the unit, but a response using first-aid or life saving measures does not require that you operate equipment that you are not trained to operate or make medical determinations that you are not trained to make. While you adequately responded to this incident, the response would not have been any less had you not taken the vitals as, regardless of the vitals, the offender was being transported to either Beto Medical or a off-site medical facility. Other than this slight deviation, your response to and handling of the death of offender James was excellent. You and your staff responded appropriately and should be commended for doing so.		<div style="font-size: 1.5em; margin-top: 20px;">yes sir</div>	
Supervisor's Initials: <u>Pop</u> Date: <u>08/17/2011</u> <div style="text-align: center; font-size: 0.8em;">MM/DD/YYYY</div>		Employee's Initials: <u>TF</u> Date: <u>8-17-2011</u> <div style="text-align: center; font-size: 0.8em;">MM/DD/YYYY</div>	

The original of this form shall be maintained in a supervisory file in accordance with PD-55, "Management of Employee Files." This form shall not be attached to the employee's performance evaluation. A copy may be placed in an employee's disciplinary file only when it is used to support a disciplinary action taken in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information that the Agency has collected about you be corrected.

MAJOR INCIDENT CHECKLIST

EAC#: I-11520-08-11DATE OF INCIDENT: 08/13/2011

ATTACHMENT	INCLUDED	PENDING	N/A
EMAIL REPORTING INCIDENT TO EAC (CAN BE COPY)	x		
SERIOUS INCIDENT REPORT (TNG 93) MUST BE ORIGINAL WITH 2 SIGNATURES	x		
STATEMENTS, IF APPLICABLE, FROM STAFF & /OR OFFENDERS ()	x		
PHOTOGRAPHS (IDENTIFY BY NAME, () TDCJ#, DATE, INCIDENT#) MUST BE ORIGINAL	x		
TRAVEL CARD TO INCLUDE CURRENT VISITATION (COPY)	X		
OFFENDER PROTECTION INVESTIGATION WITH UCC ACTION			X
IF AN OFFENDER DEATH INCLUDE: a. TRANSPORT ORDER FORM b. AUTOPSY ORDER FORM c. CUSTODIAL DEATH REPORT			X
RM-03 & RM-04	X		
COPY OF DISCIPLINARY REPORT (IF WRITTEN)			X
IF TRANSFERRED OFF UNIT COPY OF TRANSPORT ORDER FORM	X		
STG INVESTIGATION IF CONDUCTED & PERTINENT TO INCIDENT			X

- REQUIRED ONLY IN THE EVENT OF AN OFFENDER DEATH.

REVIEWED BY:

MAJOR: DATE: 8-20-2011ASST. WARDEN: DATE: 8/23/11WARDEN: DATE: 8-23-11

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Am

Addition
I-11520-08-11

*** REQUESTOR: SSA9688 - SALLEE, STACEY EMERGENCY ACTION CENTER **

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 002557 DATE: 08/17/11 TIME: 14:41 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: RMI9388 - MINTON, RICKY
LIEUTENANT
GURNEY UNIT

SUBJECT: I-11520-08-11(ADDENDUM)

IN THE ORIGINAL REPORT FOR I-11520-08-11, THE FOLLOWING WAS
INADVERTENTLY OMITTED:

OFFENDER JAMES, KENNETH #1726849 IS A UNITED STATES CITIZEN.

DRAFTED BY: RICKY MINTON, LIEUTENANT
AUTHORIZATION: JERRY RAYFORD, MAJOR

Sent to: EAC <list> (to)

1/2

TR1
Deaths

Offender Death (Cause Pending)

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 010637 DATE: 08/13/11 TIME: 09:08 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: TWH5304 - WHITFIELD, TOBY
 LIEUTENANT
 GURNEY UNIT

SUBJECT: EAC GENERAL INCIDENT REPORT

EAC USE ONLY: DATE REPORTED: 8/13/11 TIME REPORTED: 0612

EMERGENCY ACTION CENTER INCIDENT NO: I - 11520 - 08 - 11
 MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -
 TYPE OF INCIDENT: OFFENDER DEATH
 UNIT: ND REGION 02 DATE OCCURRED: 08 / 13 / 2011 TIME OCCURRED: 04:16
 SPECIFIC LOCATION: PALESTINE REGIONAL MED. CENTER
 INITIAL INCIDENT COMMANDER: (IF APPLICABLE)
 RANK/NAME: N/A
 FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):
 RANK/NAME: N/A
 LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)
 A B C D E X N/A (IF INCIDENT WAS HANDLED WITHOUT
 REQUEST FOR RESPONSE TEAM)
 GANG IDENTIFICATION: NONE
 WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO
 WAS INCIDENT RACIALLY MOTIVATED: YES X NO

OFFENDER INFORMATION

OFFENDER NAME (LAST, FIRST M)	TDCJ NO	CUST	RACE	SEX	AGE	INJ	A-V
JAMES, KENNETH WAYNE	01726849	NR	B	M	52	N	

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WERE OFFENDERS TRANSFERRED TO A HOSPITAL X YES NO
 BY: X EMS VAN LIFE FLIGHT
 NAME OF HOSPITAL: PALESTINE REGIONAL MEDICAL CENTER

11520

TREATMENT: CONDUCTED LIFE SAVING MEASURES IN AN ATTEMPT TO PROTECT DEATH

EMPLOYEE INFORMATION					
NAME (LAST, FIRST M)	SSN	RACE	SEX	AGE	RANK
N/A					

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING
 WAS A RAPE KIT COMPLETED YES NO DECLINED
 WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED
 IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING
 DATE: 08 / 13 / 2011 TIME: 04 : 16 PRONOUNCED DECEASED
 PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: HIEDI KNOWLES / M.D.
 COUNTY WHERE DEATH OCCURRED: ANDERSON
 PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST
 NEXT OF KIN NOTIFIED X YES NO DATE: 08 / 13 / 2011 TIME: 06 : 10
 NAME OF NOK: MARY JAMES (MOTHER)
 HUNTSVILLE FUNERAL HOME NOTIFIED X YES NO
 JUSTICE OF PEACE NOTIFIED: X YES NO

DESCRIPTION OF WEAPON(S) CONTRABAND
 N/A

CHEMICAL AGENT INFORMATION		
AMOUNT	LIST TYPE	AUTHORIZATION
N/A	N/A	N/A

WAS TEAM AUTHORIZED YES X NO DECONTAMINATED YES X NO INJURIES YES X NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?
 YES NO X

IF YES, INDICATE APPLICABLE

PARCEL SCANNER	N/A
WALK THROUGH METAL DETECTOR	N/A
HAND HELD METAL DETECTOR	N/A
B.O.S.S. CHAIR	N/A
VIDEO SURVEILLANCE	N/A
HEARTBEAT DETECTION SYSTEMS	N/A
BODY ALARM	N/A
PERIMETER FENCE DETECTION SYSTEMS	N/A

11520

STAB-RESISTANT VEST	N/A
NARCOTIC DETECTOR CANINE	N/A
CELL PHONE DETECTOR CANINE	N/A
PACK CANINES	N/A
S.A.R. CANINES	N/A
CONTRABAND INTERDICTION SHAKEDOWN TEAM	N/A
OTHER: N/A	

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON 08/13/2011 THE JOE F. GURNEY TRANSFER FACILITY LOCATED IN PALESTINE TEXAS REGION II, WAS NOTIFIED THAT OFFENDER JAMES, KENNETH 1726236 WAS PRONOUNCED DECEASED AT 0416 HOURS AT PALESTINE REGIONAL MEDICAL CENTER EMERGENCY ROOM.

OFFENDER JAMES, KENNETH 1726849 IS A 5'10" 266-POUND FIFTY-TWO YEAR OLD BLACK MALE IN 02-CUSTODY SERVING A 5-YEAR SENTENCE FOR ASSAULT FAMILY VIOLENCE ENCHANCED OUT OF MCLENNAN COUNTY TEXAS.

AT APPROXIMATELY 0240 HOURS, OFFICER GLORIE HARRIS COIV NOTIFIED LIEUTENANT TOBY WHITFIELD THAT AN OFFENDER IN B3-DORMITORY WAS IN THE DAYROOM URINATING ON HIMSELF AND COULDN'T STAND UP. LIEUTENANT WHITFIELD INSTRUCTED OFFICERS KENNETH MANGAN COIV AND TORRANCE STEPHENS COV TO OBTAIN A WHEEL CHAIR AND RESPOND TO B3-DORMITORY AND RETRIEVE OFFENDER JAMES FROM THE DAYROOM AND ESCORT HIM TO THE UNIT MEDICAL DEPARTMENT.

OFFICER STEPHENS AND MANGAN RETRIEVED THE OFFENDER FROM THE DAYROOM AND PROCEEDED TO THE MEDICAL DEPARTMENT WITH THE OFFENDER. AT THE MEDICAL DEPARTMENT, SERGEANT TULLY FLOWERS NOTIFIED REGISTERED NURSE MCKNIGHT AT THE BETO UNIT OF THE OFFENDERS CONDITION. MRS. MCKNIGHT INFORMED SERGEANT FLOWER TO TRANSPORT THE OFFENDER TO THE BETO UNIT FOR EVALUATION. WHILE THE OFFENDER WAS BEING PREPARED FOR TRANSPORT, THE OFFENDER LEANED OVER IN THE WHEEL CHAIR AND BECAME UNRESPONSIVE. SGT. FLOWERS NOTIFIED LT. WHITFIELD OF THE OFFENDERS CURRENT STATUS AND LT. WHITFIELD INSTRUCTED THE CENTRAL CONTROL OFFICER TO CALL 911 AND REQUEST EMERGENCY SERVICES AT 0248.

THE OFFENDER CONTINUED TO BE UNRESPONSIVE. SERGEANT NOTIFIED WARDEN DENNIS MILLER OF THE SITUATION. THE OFFENDER WAS MOVED FROM THE WHEEL CHAIR AND PLACED ON THE GURNEY IN THE UNIT EMERGENCY ROOM.

AT APPROXIMATELY 0319 HOURS, THE AMBULANCE ARRIVED ON THE FACILITY AND ENTERED THE BACK GATE. ONCE AT THE UNIT INFIRMARY, LT. WHITFIELD BRIEFED THE EMT'S OF THE OFFENDERS CONDITION. THE EMT'S BEGAN TAKING VITAL SIGNS. 911-OPERATOR SARAH WARDELL INFORMED LT. WHITFIELD THAT THE AIR AMBULANCE WOULD BE UTILIZED FOR THE TRANSPORT.

THE OFFENDER WAS REMOVED FROM THE UNITS MEDICAL GURNEY AND PLACED OF THE AMBULANCE GURNEY. THE OFFENDER WAS MOVED FROM THE UNIT EMERGENCY ROOM TO THE AMBULANCE.

11520

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)
PREPARED BY: LIEUTENANT TOBY WHITFIELD DATE: 08 / 13 / 2011
AUTHORIZED BY: WARDEN DENNIS MILLER

Sent to:	EAC	<list>	(to)
	TWH5304	WHITFIELD, TOBY	(to)

11520

TRJ
Death

I-11520-08-11

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 010019 DATE: 08/13/11 TIME: 13:08 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: TTA4090 - TAYLOR, THOMAS
 CHAPLAIN II
 GURNEY UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: JAMES, KENNETH WAYNE TDCJ# 1726849
 DATE OF DEATH: 08/13/2011
 CUSTODY: L1 W STATUS: ACTIVE RACE: W DOB: 11/25/58 AGE: 52
 CAUSE OF DEATH: CARDIAC ARREST TIME: 0416 HR DOCTOR: DR. HEIBT KNOWLES
 PLACE OF DEATH: PALESTINE REGIONAL MED. CENTER
 DUTY WARDEN: D. MILLER TIME: 0417 HRS
 JUSTICE OF THE PEACE: JAMES E. TODD TIME: 0442 HRS
 TDCJ-ID-IAD: MARK OWENS TIME: 0435 HRS
 CARNES FUNERAL HOME: JACOB LITTLE TIME: 0505 HRS
 CHAPLAIN: THOMAS TAYLOR TIME: 0530 HRS
 EAC: I-11520-08-11 TIME: 0612 HRS
 APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
 N.O.K. MARY L. JAMES TIME 0640 HRS PHONE 806-747-3154
 ADDRESS: 2638 E. AUBURN ST FAMILY WILL (X) WILL NOT () CLAIM BODY
 ADDRESS: LUBBOCK, TX 79903
 LOCATION OF BODY: CARNES FUNERAL HOME
 LOCATION OF INMATE PROPERTY: GURNEY UNIT

Sent to:	HSMA016	DEATH RECS/CAROLYN MCMILLIAN	(to)
	HUWAR01	HUNTSVILLE_WARDENS_OFFICE	(to)
	CHAPSUP	HARDIN, LAWANA	(to)
	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	CAS7772	ASHWORTH, CARISE	(to)
	KEN2430	ENLOE, KELLY	(to)
	DMI0702	MILLER, DENNIS	(to)
	TTA4090	TAYLOR, THOMAS	(to)

*Tr's
Death*

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 010681 DATE: 08/13/11 TIME: 10:44 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: TWH5304 - WHITFIELD, TOBY
 LIEUTENANT
 GURNEY UNIT

SUBJECT: I-11520-08-11/CONTINUATION

TO: EMERGENCY ACTION CENTER (EAC)
 HUNTSVILLE, TEXAS

FROM: TOBY WHITFIELD, LIEUTENANT
 JOE F. GURNEY TRANSFER FACILITY
 PALESTINE, TEXAS

SUBJECT: I-11520-08-11/CONTINUATION
 OFFENDER DEATH
 JAMES, KENNETH #1726849

LT. WHITFIELD NOTIFIED THE BETO UNIT THAT AN AIR AMBULANCE WAS ENROUTE
 AND THE TENNESSEE COLONY VOLUNTEER FIRE DEPARTMENT WAS SUMMONS.

ONCE THE OFFENDER WAS IN THE AMBULANCE, OFFICER VINCENT MCKNIGHT COV
 ASSISTED MEDICAL STAFF ON THE AMBULANCE BY USING A B.P. BAG. MEDICAL
 STAFF ATTEMPTED TO INTUBATE THE OFFENDER AND AN I.V. WAS STARTED. THE
 OFFENDERS MEDICAL CONDITION CONTINUED TO DECLINE.

AT APPROXIMATELY 0338 THE AMBULANCE BEGAN TO MOVE TOWARD THE BACK GATE
 IN PREPARATION FOR THE AIR AMBULANCE. WHILE THE AMBULANCE WAS ENROUTE
 TO THE BACK GATE, THE DRIVE INFORMED LT. WHITFIELD THAT THE OFFENDER
 HAD CODED AND NEEDED TO BE TRANSPORTED TO THE HOSPITAL BY AMBULANCE
 IMMEDIATELY INSTEAD OF WAITING FOR THE AIR AMBULANCE. OFFICER MCKNIGHT
 STAYED IN THE BACK OF THE AMBULANCE AND CONTINUED TO ASSIST WITH LIFE
 SAVING EFFORTS.

THE AIR AMBULANCE WAS CANCELED BY THE MEDICAL STAFF ON-BOARD OF THE
 THE AMBULANCE. SERGEANT MATTHEW SEDA AND OFFICER BURT FOLLOW THE
 AMBULANCE IN A STATE VAN TO PALESTINE REGIONAL MEDICAL CENTER
 EMERGENCY ROOM. WARDEN MILLER IS UPDATED ON THE OFFENDERS CONDITION.

AT 0410 HOURS, SERGEANT SEDA INFORMED LT. WHITFIELD THAT THE OFFENDER WAS IN THE EMERGENCY ROOM AND LIFE SAVING MEASURES WERE STILL BEING PERFORMED BY MEDICAL STAFF IN THE ER. AT 0417 HOURS, SERGEANT SEDA NOTIFIED LT. WHITFIELD THAT THE OFFENDER WAS DECEASED.

OFFENDER JAMES WAS PRONOUNCED DECEASED AT 0416 HOURS BY MEDICAL DOCTOR HEIDI KNOWLES. PRELIMINARY RESULTS INDICATED CARDIAC ARREST.

LT. WHITFIELD UPDATED WARDEN MILLER ON THE SITUATION.

AT 0442 HOURS, OFFICE OF INSPECTOR GENERAL, MARK OWENS WAS NOTIFIED OF THE INCIDENT.

AT 0445 HOURS, CAPTAIN MICHAEL LUMPKINS WAS NOTIFIED OF THE INCIDENT.

AT APPROXIMATELY 0500 HOURS, JUSTICE OF THE PEACE JAMES TODD ARRIVES AT PALESTINE REGIONAL MEDICAL CENTER AND COMPLETED A INQUEST TRANSPORT ORDER AND THE ORDER FOR AUTOPSY.

AT 0505 HOURS, JACOB LITTLE OF CARNES FUNERAL HOME IN TEXAS CITY WAS NOTIFIED OF THE DECEASED OFFENDER.

AT 0511 HOURS, MARK OWENS ARRIVED AT PALESTINE REGIONAL MEDICAL CENTER EXAM ROOM #1 AND BEGAN INVESTIGATOR'S REPORT OF CUSTODIAL DEATH FORM AND TOOK DIGITAL PHOTOS OF THE OFFENDER.

AT APPROXIMATELY 0605 HOURS, WARDEN MILLER, CAPTAIN LUMPKINS AND CHAPLAIN THOMAS TAYLOR ARRIVED ON THE FACILITY.

AT 0640 HOURS, CHAPLAIN TAYLOR NOTIFIED MARY JAMES, MOTHER OF OFFENDER JAMES OF HIS DEATH.

AT 0645 HOURS, SERGEANT FLOWERS NOTIFIED ANDERSON COUNTY SHERIFF DEPARTMENT THAT OFFENDER JAMES BODY WAS BEING HELD IN EXAM ROOM #1 AT PRMC UNTIL ARRANGEMENTS WITH CARNES FUNERAL HOME COULD BE MADE.

AT 0655 HOURS, SERGEANT FLOWERS NOTIFIED J. LOWERY OF THE OFF-SITE MEDICAL COMMAND CENTER, OF THE INCIDENT.

AT 0955 HOURS, CARNES FUNERAL HOME, DICKY SYERS ARRIVED AT PALESTINE REGIONAL MEDICAL CENTER TO PICK UP THE BODY FOR TRANSPORT TO UTMB-GALVASTON FOR AN AUTOPSY. AT 1005 HOURS, MR. DICKY TOOK POSSESSION OF THE BODY AND DEPARTED PALESTINE REGIONAL MEDICAL CENTER.

K. CRUMBY OF THE EMERGENCY ACTION CENTER WAS NOTIFIED OF THE INCIDENT AT 0612 HOURS AND INCIDENT NUMBER I-11520-08-11

C.R.I.S.P. WAS OFFERED TO ALL STAFF MEMBERS INVOLVED AND ALL DECLINED.

11520

"ADDITIONAL INFORMATION WILL BE PROVIDED AS IT BECOMES AVAILABLE".

DRAFTED BY: LIEUTENANT TOBY WHITFIELD
AUTHORIZATION: WARDEN DENNIS MILLER

Sent to: EAC <list> (to)
TWH5304 WHITFIELD, TOBY (to)

11520